

<i>SERFF Tracking Number:</i>	<i>GRTT-126936407</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48233</i>
<i>Company Tracking Number:</i>	<i>AMHGTLCANAR</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Benefit Policy</i>		
<i>Project Name/Number:</i>	<i>GTL/AMHGTLCAN</i>		

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Cancer Benefit Policy SERFF Tr Num: GRTT-126936407 State: Arkansas

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 48233

- Limited Benefit Closed

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: AMHGTLCANAR State Status: Approved-Closed Only

Filing Type: Form/Rate

Author: Antoinette Hess

Date Submitted: 03/14/2011

Reviewer(s): Rosalind Minor

Disposition Date: 03/18/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GTL

Project Number: AMHGTLCAN

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Antoinette Hess

Filing Description:

RE: Guaranteed Trust Life Insurance Company

NAIC Number: 64211/FEIN Number: 36-1174500

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted 11/15/2010 to Illinois

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/18/2011

State Status Changed: 03/18/2011

Created By: Antoinette Hess

Corresponding Filing Tracking Number:

Submission:

Cancer Benefit Policy - Form Number G1030AR

Application - Form Number APPH1 11

Outline of Coverage - Form Number OCG1030AG

SERFF Tracking Number: GRTT-126936407 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48233
Company Tracking Number: AMHGTLCANAR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: Cancer Benefit Policy
Project Name/Number: GTL/AMHGTLCAN

Outline of Coverage - Form Number OCG1030A18
Cancer Lump Sum Benefit Rider - Form Number RG10CLS
Cancer-Chemotherapy/Radiation Benefit Rider - Form Number RG10CR
Cancer-Surgical Procedures Benefit Rider - Form Number RG10CSB
Heart Attack or Stroke-Benefit Rider - Form Number RG10HAS
Heart Attack or Stroke Lump Sum Benefit Rider - Form Number RG10HSLS
Heart Attack or Stroke Surgical Procedures Benefit Rider - Form Number RG10HSSB
Transplant Benefit Rider – Form Number RG10T
Intensive Care Benefit Rider - Form Number RG10IC
15 Year Return of Premium Benefit Rider - Form Number RG10ROP15
20 Year Return of Premium Benefit Rider - Form Number RG10ROP20
25 Year Return of Premium Benefit Rider - Form Number RG10ROP25
Return of Premium Upon Death Benefit Rider - Form Number RG10ROPD
Therapy and Wellness Benefit Rider – Form Number RG10CTW

Guaranteed Trust Life Insurance Company is submitting the above-captioned forms, the actuarial memorandum and rates for the Department's review and approval.

These are new forms and are not intended to replace any previously approved forms.
Included with the filing are a Statement of Variability and any other required filing forms and fees.
The policy will be marketed to individuals by contracted agents and brokers.

Once approved under this filing, the riders and the application will also be used with the Heart Attack Insurance Policy being submitted under SERFF File Number GRTT-126968742.

For your information, the exact policy and riders are also being submitted for National Guardian Life Insurance Company. This filing is under SERFF File Number GTLI-126968775.

Policy Form Number G1030AR is an Individual Cancer Benefit Policy. The policy provides for a specified indemnity benefit amount per unit when the individual is being treated for Cancer. Benefits are included for hospital confinements, hospice care, diagnostic testing, drugs and medicines, attending doctor while in the hospital, screening, private nurses, ambulance (both surface and air) skilled nursing facility, transportation, lodging, experimental treatment and annual check-ups. A Waiver of Premium is also a benefit provided under the policy.
Optional riders for use with the base policy are briefly described as follows:
Rider Form Number RG10CLS is a Cancer Lump Sum Benefit Rider. This rider pays a lump sum indemnity benefit when cancer is diagnosed for the first time.
Rider Form Number RG10CR is a Cancer Chemotherapy and Radiation Benefit Rider which pays specified indemnity

<i>SERFF Tracking Number:</i>	<i>GRTT-126936407</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48233</i>
<i>Company Tracking Number:</i>	<i>AMHGTLCANAR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Benefit Policy</i>		
<i>Project Name/Number:</i>	<i>GTL/AMHGTLCAN</i>		

benefits for radiation and chemotherapy treatments, anti-nausea, immunotherapy, supportive drugs, and transfusions. Rider Form RG10CSB is a Cancer Surgical Procedures Benefit Rider which pays specified indemnity benefits for inpatient or outpatient surgery. Benefits are also included for anesthesia, second/third surgical opinions, skin cancer and prosthesis. The surgical schedule is included in the rider.

Rider Form RG10HAS is a Heart Attack or Stroke-Benefit Rider. The rider entitles the covered individual to the same benefits as the base policy (excluding Experimental Treatment Benefit) when loss is due to a heart attack or stroke. A benefit is also available for a Heart Transplant which does increase 5% per year for up to 10 years. A Transfusion benefit is also included when the covered individual receives blood/plasma/platelets transfusions, including administration as a direct result of a heart attack or stroke.

Rider Form RG10HSLS is a Heart Attack or Stroke Lump Sum Benefit Rider. This rider pays a lump sum indemnity benefit when a person is diagnosed with a heart attack or stroke for the first time.

Rider Form RG10HSSB is a Heart Attack or Stroke Surgical Procedures Benefit Rider. This rider pays specified indemnity benefits for inpatient or outpatient surgery required due to a heart attack or stroke. Benefits are also included for anesthesia, second/third surgical opinions, skin cancer and prosthesis. The surgical schedule is included in the rider.

Rider Form RG10T is a Transplant Benefit Rider. This rider provides specified indemnity benefits for Organ, Bone Marrow and Stem Cell Transplants and Donor expenses.

Rider Form RG10IC is an Intensive Care Benefit Rider which pays a specified indemnity benefit amounts for confinement in an Intensive Care Unit or a Step-Down unit. Benefits are limited to thirty days of confinement with any one hospital admission. Benefits reduce by 50% at age 70.

The Company will also be offering 4 Return of Premium Riders. Rider Form RG10ROPD provides for the return of premium when a covered person dies within 10 years or death prior to attaining age 85 whichever is later. There will be Return of Premium riders (Form Numbers RG10ROP15, RG10ROP20 and RG10ROP25) available with a 15, 20 and 25 year option.

Rider Form RG10CTW is a Therapy and Wellness Benefit Rider. This rider provides specified benefits for well care and therapies.

The outlines of coverage being submitted summarize the benefits available under the policy and the riders. The policy and riders are offered in different Plans and are listed in this manner in the outlines.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the Application may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Guarantee Trust Life Insurance Company appreciates the Department's time and review of this filing. Should you have

SERFF Tracking Number: GRTT-126936407 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48233

Company Tracking Number: AMHGTLCANAR

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit

Product Name: Cancer Benefit Policy

Project Name/Number: GTL/AMHGTLCAN

any concerns or comments, please do not hesitate to contact me.

Sincerely,
Antoinette M. Hess, ACP
Compliance Consultant

Company and Contact

Filing Contact Information

Toni Hess, Consultant
1275 milwaukee ave
glenview, IL 60025
toni.hess@hesscc.com
215-485-2582 [Phone]

Filing Company Information

Guarantee Trust Life Insurance Company	CoCode: 64211	State of Domicile: Illinois
1275 Milwaukee Avenue	Group Code: 687	Company Type: Mutual
1275 Milwaukee Avenue	Group Name:	State ID Number:
Glenview, IL 60025	FEIN Number: 36-1174500	
(847) 460-4772 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$850.00
Retaliatory?	Yes
Fee Explanation:	Illinois 50 per form, \$0 per rates 17 x 50 = 850.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$850.00	03/14/2011	45539382

SERFF Tracking Number:	GRTT-126936407	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	48233
Company Tracking Number:	AMHGTLCANAR		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Cancer Benefit Policy		
Project Name/Number:	GTL/AMHGTLCAN		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/18/2011	03/18/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/14/2011	03/14/2011	Antoinette Hess	03/14/2011	03/14/2011

<i>SERFF Tracking Number:</i>	<i>GRTT-126936407</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48233</i>
<i>Company Tracking Number:</i>	<i>AMHGTLCANAR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Benefit Policy</i>		
<i>Project Name/Number:</i>	<i>GTL/AMHGTLCAN</i>		

Disposition

Disposition Date: 03/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTT-126936407 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48233

Company Tracking Number: AMHGTLCANAR

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: Cancer Benefit Policy

Project Name/Number: GTL/AMHGTLCAN

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form (revised)	Cancer Benefit Policy	Approved-Closed	Yes
Form	Cancer Benefit Policy	Replaced	Yes
Form	Cancer Lump Sum Benefit Rider	Approved-Closed	Yes
Form	Cancer Chemotherapy and Radiation Benefit Rider	Approved-Closed	Yes
Form	Cancer Surgical Procedures Benefit Rider	Approved-Closed	Yes
Form	Therapy and Wellness Benefit Rider	Approved-Closed	Yes
Form	Heart Attack or Stroke Benefit Rider	Approved-Closed	Yes
Form	Heart Attack or Stroke Lump Sum Benefit Rider	Approved-Closed	Yes
Form	Heart Attack or Stroke Surgical Procedures Benefit Rider	Approved-Closed	Yes
Form	Intensive Care Benefit Rider	Approved-Closed	Yes
Form	Transplant Benefit Rider	Approved-Closed	Yes
Form	15 Year Return of Premium Benefit Rider	Approved-Closed	Yes
Form	20 Year Return of Premium Benefit Rider	Approved-Closed	Yes
Form	25 Year Return of Premium Benefit Rider	Approved-Closed	Yes
Form	Return of Premium Upon Death Benefit Rider	Approved-Closed	Yes
Form	Schedule pages 3A, 3B	Approved-Closed	Yes
Rate	G1030 Rate pages	Approved-Closed	Yes

SERFF Tracking Number: GRTT-126936407 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48233
Company Tracking Number: AMHGTLCANAR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: Cancer Benefit Policy
Project Name/Number: GTL/AMHGTLCAN

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/14/2011
Submitted Date 03/14/2011
Respond By Date
Dear Toni Hess,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Benefit Policy, G1030AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Objection 2

- Cancer Benefit Policy, G1030AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured as outlined under ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: GRTT-126936407 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48233
 Company Tracking Number: AMHGTLCANAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer Benefit Policy
 Project Name/Number: GTL/AMHGTLCAN

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/14/2011
 Submitted Date 03/14/2011

Dear Rosalind Minor,

Comments:

Below are the responses to the objection letter dated 3/14/2011

Response 1

Comments: The language has been revised.

Related Objection 1

Applies To:

- Cancer Benefit Policy, G1030AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Cancer Benefit Policy	G1030AR		Policy/Contract/Fraternal Certificate	Initial		42.500	G1030AR.pdf
Previous Version							
Cancer Benefit Policy	G1030AR		Policy/Contract/Fraternal Certificate	Initial		42.500	G1030AR.pdf

SERFF Tracking Number: GRTT-126936407 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48233

Company Tracking Number: AMHGTLCANAR

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: Cancer Benefit Policy

Project Name/Number: GTL/AMHGTLCAN

No Rate/Rule Schedule items changed.

Response 2

Comments: A Pro Rata Refund provision has been added.

Related Objection 1

Applies To:

- Cancer Benefit Policy, G1030AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured as outlined under ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Cancer Benefit Policy	G1030AR		Policy/Contract/Fraternal Certificate	Initial		42.500	G1030AR.pdf
Previous Version							
Cancer Benefit Policy	G1030AR		Policy/Contract/Fraternal Certificate	Initial		42.500	G1030AR.pdf

No Rate/Rule Schedule items changed.

Thank you for your time

Sincerely,
Antoinette Hess

SERFF Tracking Number: GRTT-126936407 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 48233

Company Tracking Number: AMHGTLCANAR

TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only

Product Name: Cancer Benefit Policy

Project Name/Number: GTL/AMHGTLCAN

Form Schedule

Lead Form Number: G1030AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Status						
Approved-Closed 03/18/2011	G1030AR	Policy/Cont Cancer Benefit Policy ract/Fratern al Certificate	Initial		42.500	G1030AR.pdf
Approved-Closed 03/18/2011	RG10CLS	Policy/Cont Cancer Lump Sum ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.500	RG10CLS.pdf
Approved-Closed 03/18/2011	RG10CR	Policy/Cont Cancer ract/Fratern Chemotherapy and al Radiation Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.400	RG10CR.pdf
Approved-Closed 03/18/2011	RG10CSB	Policy/Cont Cancer Surgical ract/Fratern Procedures Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme	Initial		41.200	RG10CSB.pdf

<i>SERFF Tracking Number:</i>	<i>GRTT-126936407</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48233</i>
<i>Company Tracking Number:</i>	<i>AMHGTLCANAR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Benefit Policy</i>		
<i>Project Name/Number:</i>	<i>GTL/AMHGTLCAN</i>		
Approved- RG10CTW	Policy/Cont Therapy and	Initial	43.300
Closed	ract/Fratern Wellness Benefit		RG10CTW.pdf
03/18/2011	al Rider		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- RG10HAS	Policy/Cont Heart Attack or	Initial	49.900
Closed	ract/Fratern Stroke Benefit Rider		RG10HAS.pdf
03/18/2011	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- RG10HSL	Policy/Cont Heart Attack or	Initial	41.200
Closed	ract/Fratern Stroke Lump Sum		RG10HSL.p
03/18/2011	al Benefit Rider		df
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- RG10HSS	Policy/Cont Heart Attack or	Initial	45.800
Closed B	ract/Fratern Stroke Surgical		RG10HSSB.p
03/18/2011	al Procedures Benefit		df
	Certificate: Rider		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

SERFF Tracking Number:	GRTT-126936407	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	48233
Company Tracking Number:	AMHGTLCANAR		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Cancer Benefit Policy		
Project Name/Number:	GTL/AMHGTLCAN		
Approved- RG10IC Closed 03/18/2011	Policy/Cont Intensive Care ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.900 RG10IC.pdf
Approved- RG10T Closed 03/18/2011	Policy/Cont Transplant Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	49.900 RG10T.pdf
Approved- RG10ROP Closed 15 03/18/2011	Policy/Cont 15 Year Return of ract/Fratern Premium Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	49.900 RG10ROP15. pdf
Approved- RG10ROP Closed 20 03/18/2011	Policy/Cont 20 Year Return of ract/Fratern Premium Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	49.900 RG10ROP20. pdf
Approved- RG10ROP	Policy/Cont 25 Year Return of	Initial	49.900 RG10ROP25.

SERFF Tracking Number:	GRTT-126936407	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	48233
Company Tracking Number:	AMHGTLCANAR		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Cancer Benefit Policy		
Project Name/Number:	GTL/AMHGTLCAN		
Closed 25	ract/Fratern Premium Benefit		pdf
03/18/2011	al Rider		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- RG10ROP	Policy/Cont Return of Premium	Initial	
Closed D	ract/Fratern Upon Death Benefit		48.900
03/18/2011	al Rider		RG10ROPD.pdf
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- G1030AR	Schedule	Schedule pages 3A, Initial	
Closed Schedule	Pages	3B	53.700
03/18/2011 pages			G1030AR Schedule Pages.pdf

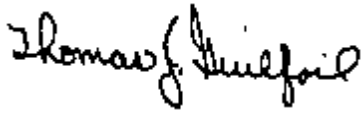
**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

A Mutual Company
1275 Milwaukee Avenue
Glenview, Illinois 60025
[(847) 699-0600]

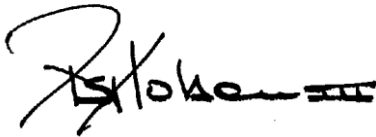
**CANCER
BENEFIT POLICY**

**THIS IS A LEGAL
CONTRACT BETWEEN
YOU AND US. READ YOUR
POLICY CAREFULLY.**

Signed for Guarantee Trust Life
Insurance Company, at its
Home Office, by:



Secretary
President



Licensed
Resident Agent

WE PROMISE to insure all Covered Persons for benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first premium. The application is attached to and made a part of this Policy.

GUARANTEED RENEWABLE.

You may keep this Policy in force during Your entire lifetime by paying the renewal premium at the intervals available to You at the time of renewal. You must pay the premium when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE
THIS POLICY FOR TEN (10)**

DAYS. It is important to Us that You are satisfied with this Policy. If You are not satisfied with this Policy, You may return it to Us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and refund any premiums You have paid.

**PREMIUMS SUBJECT TO
CHANGE.** We may change the premium for this Policy. We may do so only if We change it for all policies like Yours in Your state on a class basis. We will provide You with written notice at least thirty-one (31) days in advance of any change in renewal premium.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover Your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

TABLE OF CONTENTS

Guaranteed Renewable	Page 1
Your Right to Examine This Policy	Page 1
Premiums Subject to Change	Page 1
Policy Schedule and Policy Benefits Schedule	Pages 3A, 3B
Definitions	Pages 4 - 7
Eligibility for Coverage	Page 8
Termination, Conversion, and Continuation of Coverage	Pages 8 - 9
Eligibility for Benefits	Page 9
Benefit Provisions	Pages 9 - 11
Premium, Waiver of Premium, Lapse and Reinstatement	Page 12
Policy Exclusions	Page 13
Claim Provisions	Page 13
General Provisions	Page 14

POLICY DEFINITIONS

Calendar Year: The period beginning on the date a Covered Person's coverage becomes effective and ending on December 31 of that same year. From then on, it is the period beginning January 1 and ending on December 31 of that same year.

Cancer (*Life Threatening*): A malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia. Cancer does not mean:

1. Skin Cancer (basal or squamous cell), except for malignant melanoma;
2. Pre-malignant tumors or polyps;
3. Cancer in-situ, intraductal non-invasive carcinoma of the breasts;
4. Carcinoid of the appendix

Common Carrier: A common carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles will be considered a Common Carrier for the purpose of providing transportation under this Policy.

Covered Person: Means You or a person:

1. Who is eligible for coverage as Your Dependent
2. Who has been accepted for coverage or has been automatically added.
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

Definitive Treatment: Medical techniques which have been proven to destroy, stop, or impede the spread of Cancer. We consider a technique as proven when at the time of treatment, it:

1. Is fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration; or,
2. Is a generally accepted medical or surgical technique as determined by an appropriate Doctor chosen by Us.

Dependent: A person who is the Insured's:

1. Legally married spouse and residing with the Insured.
2. Child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. Child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. Natural child;
2. Stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

Doctor: Any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

Effective Date: The date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application; We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

POLICY DEFINITIONS (Continued)

First Diagnosis: The first time in which the earliest of the following occurs:

1. Cancer is first diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The Doctor establishing the pathological diagnosis shall base his/her judgement solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or suspect tumor, tissue or specimen. A postmortem pathological diagnosis of Cancer will only be accepted as a First Diagnosis when the deceased Covered Person received Definitive Treatment for such Cancer prior to death.
2. Cancer is first diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Doctor's statement and/or examination by a Doctor of Our choice at Our expense.

Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, or prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a First Diagnosis of Cancer, this will not be a covered condition. If Cancer is diagnosed and / or treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent First Diagnosis of Cancer after the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid on this policy and attached riders. The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken.

Functional Impairment / Functionally Impaired: The Insured, because of Cancer as defined in this Policy:

1. Is unable to perform two (2) or more of the activities of daily living without the assistance of another person for a period of at least ninety (90) consecutive days. For the purposes of this Policy, the activities of daily living are:
Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
Continence: the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
Transferring: moving into or out of a bed, chair, or wheelchair.
2. Is receiving regular care by a Doctor which is appropriate for the condition causing Functional Impairment. This care must be at such intervals and frequency as will lead to the Insured performing the activities of daily living independently.

Hospice: An organization which:

1. Is licensed by a government agency;
2. Provides palliative and supportive care to Terminally Ill persons and their families;
3. Provides this care in the home or on an outpatient or short-term inpatient basis; and
4. Is classified as a Hospice.

A Hospice is not:

1. A Hospital, except for that section, unit, or wing of a Hospital which is lawfully designated to provide inpatient Hospice care;
2. A Skilled Nursing Facility, except for that section, unit, or wing of a Skilled Nursing Facility which is lawfully designated to provide inpatient Hospice care;
3. A nursing home, an extended care facility, a convalescent home, rehabilitation center, or a rest home or a home for the aged;
4. An institution mainly rendering treatment or services for mental illness or substance abuse.

POLICY DEFINITIONS (Continued)

Hospital: A medical facility which:

1. Is legally licensed and accredited by the Joint Commission;
2. Provides 24-hour nursing service by licensed registered nurses (R.N.);
3. Provides diagnostic and therapeutic care under the supervision of a doctor while Hospital Confined; and
4. Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

A Hospital is not a bed, unit or facility (or a special unit of a Hospital) that functions as:

1. A Hospice;
2. A Skilled Nursing Facility, nursing home, an extended care facility, a convalescent home, a rehabilitation center, or a rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse.

Immediate Family: You or Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You or Your spouse.

Insured: This is the person named as the primary applicant on the Policy application and shown as the Insured on the Policy Schedule.

Nurse: Any of the following who is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices:

1. A Licensed Practical Nurse (L. P. N.);
2. A Licensed Vocational Nurse (L. V. N.); or
3. A Registered Nurse (R. N.)

Pathologist: A licensed Doctor specializing in the interpretation and diagnosis of changes caused by disease in tissue, who is certified by the American Board of Pathology to practice Pathologic Anatomy, or certified by the Osteopathic Board of Pathology.

Period of Confinement: A period which begins on or after the Effective Date of coverage, and during which a Covered Person is confined as an inpatient to a Hospital or Skilled Nursing Facility. Re-confinement within thirty (30) days of discharge from a Hospital or Skilled Nursing Facility for the same or related condition will be considered a continuation of the prior Period of Confinement. Re-confinement more than thirty (30) days after discharge from a Hospital or Skilled Nursing Facility will be treated as a new Period of Confinement.

Private Vehicle: A vehicle which is not owned by a business, a state or government agency and which is in the possession of an individual and/or the individual's Immediate Family for the primary purpose of providing personal transportation.

Skilled Nursing Facility: A facility that meets the following standards:

1. Is lawfully licensed as a Skilled Nursing Facility by the state in which it operates; and
2. Provides room and board accommodations; and
3. Is under the supervision of a duly licensed Doctor; and
4. Provides continuous twenty-four (24) hour a day skilled nursing services by or under the supervision of a registered Nurse; and,
5. Maintains a permanent daily medical record of each patient.

A Skilled Nursing Facility is not a bed, unit or facility that functions as:

1. A Hospice;
2. A rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse;
4. A place for custodial or educational care.

POLICY DEFINITIONS (Continued)

Terminally Ill: A Doctor has certified that: (a) there is no reasonable prospect of cure; (b) life expectancy is less than six (6) months; (c) Hospice services for palliation or management of the terminal illness and related conditions are needed; and (d) confinement in a Hospital or Skilled Nursing Facility would be needed if Hospice care services were not available.

U.S. Government Hospital means a Hospital which is under the jurisdiction of and is operated by or for the United States Government. A United States Government Hospital does not charge for its room, board and medical services.

Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to Cancer. The Waiting Period, if any, is shown in the Policy Schedule. If the First Diagnosis of Cancer is made during the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid.

We, Us, Our Company: Guarantee Trust Life Insurance Company.

You, Your and Yours: The Insured shown on the Policy Schedule.

ELIGIBILITY FOR COVERAGE

CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person:

1. The date We approve Your written application for that Dependent to become a Covered Person under this Policy; and
2. When We accept payment of the required premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

If this Policy is an Individual Plan, You are the only Covered Person. If this Policy is a Family Plan, You and Your Dependents are Covered Persons.

To add Your Dependent(s) after this Policy has been issued, We must receive:

1. Your written request to add the Dependent(s);
2. Evidence satisfactory to Us of the insurability and eligibility of the Dependent(s) to be added; and
3. The additional premium for the added Dependent(s).

DEPENDENT TERMINATION OF COVERAGE

If this is a Family Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19th) birthday, or twenty-fifth (25th) birthday if a full time student; or
2. Date of marriage.

The coverage of a child will not terminate if that child is both:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Currently dependent upon You.

You *must* provide proof of the Dependent Child's mental or physical handicap and dependence upon request.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage.

CONVERSION PRIVILEGE

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.
3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for expenses incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the converted policy.

ELIGIBILITY FOR COVERAGE (Continued)

CONVERSION PRIVILEGE (Continued)

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

Another Waiting Period will not be required for coverage under the Conversion policy, except to the extent that the Waiting Period has not been met under this Policy.

CONTINUATION OF INSURANCE

If You die, Your covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

ELIGIBILITY FOR BENEFITS

DIAGNOSIS

In order for a benefit to become payable under this Policy, Cancer must be First Diagnosed in one of the following ways:

1. **Pathological Diagnosis**

A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.

2. **Clinical Diagnosis**

A clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the Covered Person's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the Covered Person for Cancer.

3. **Other Diagnosis**

We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, We accept a cytology report in lieu of a pathology report.

The Covered Person will be eligible for benefits under this Policy if all of the following conditions are met:

1. Cancer is First Diagnosed and treated after the Waiting Period;
2. Cancer is First Diagnosed and treated while insured under this Policy;
3. Loss due to First Diagnosed Cancer is incurred while insured under this Policy; and
4. Loss is the result of Cancer covered under this Policy.

If Cancer is First Diagnosed while the Covered Person is hospitalized, the Covered Person will be eligible for benefits retroactively to the date of being admitted to the Hospital, but not for more than thirty (30) days prior to the date of First Diagnosis.

If Cancer is not diagnosed until after death, We will consider the Covered Person to have been eligible for benefits beginning on the date of admission for a period of continuous hospitalization ending in the Covered Person's death, but not for more than thirty (30) days prior to the date of death.

CANCER POLICY BENEFIT PROVISIONS

After the Waiting Period, if any, has been satisfied and while this Policy is in force, We will pay Policy benefits, as shown below for a Covered Person First Diagnosed with Cancer. Policy benefits are subject to the corresponding indemnity benefit amounts shown in the Policy Benefits Schedule, definitions, limitations, exclusions, and other provisions of this Policy.

Please refer to the Policy Benefits Schedule for amounts and limits associated with each of the benefit provisions listed below.

HOSPITAL CONFINEMENT BENEFIT

We will pay the daily Hospital Confinement Benefit Amount, as shown on the Policy Benefits Schedule, for each day a Covered Person is confined as an inpatient in a Hospital as the direct result of Cancer. A "day" means a twenty-four (24) hour period. Separate confinements within thirty (30) days of each other for the same or related conditions are considered the same Period of Confinement.

For confinement in a U.S. Government Hospital for the treatment of Cancer: We will pay benefits, as shown above, while the Covered Person is confined in a U.S. Government Hospital for the treatment of Cancer.

Hospital Confinement Benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

CANCER POLICY BENEFIT PROVISIONS (Continued)

HOSPICE CARE BENEFIT

We will pay the Daily Hospice Benefit Amount, as shown on the Policy Benefits Schedule, while a Covered Person is receiving care provided by or through a Hospice, as the direct result of Cancer. The Covered Person must be diagnosed as Terminally Ill and no longer receiving Definitive Treatment for Cancer. The maximum benefit period for this benefit is six (6) months.

We will pay for each day a Covered Person:

1. Receives Hospice care at home;
2. Uses the services of a Hospital on an outpatient basis under the direction of a Hospice;
3. Visits or is confined to a Hospice for treatment or services.

We will not pay this benefit for any day the Covered Person is confined to a Hospital or a Skilled Nursing Facility, except when the Covered Person is confined to that section, unit or wing of such Hospital or Skilled Nursing Facility that is lawfully designated to provide inpatient Hospice care.

DIAGNOSTIC TESTING BENEFIT

We will pay the Diagnostic Testing Benefit Amount, as shown on the Policy Benefits Schedule, for any type of laboratory test, biopsy, x-ray and other imaging diagnostics, which are prescribed by a Doctor and result in a First Diagnosis of Cancer.

Payment of the Diagnostic Testing Benefit is limited to twice per Calendar Year for a Covered Person.

DRUGS AND MEDICINES BENEFIT

We will pay the Drugs and Medicines Benefit Amount, as shown on the Policy Benefits Schedule, for drugs and medicines administered to a Covered Person while confined as an inpatient in a Hospital as a direct result of Cancer. Such drugs and medicines, at the time of administration, must be approved by the U.S. Food and Drug Administration for the treatment of Cancer.

Benefits for drugs and medicines are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

ATTENDING DOCTOR BENEFIT

We will pay the Attending Doctor Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the services of an attending Doctor while confined as an inpatient in a Hospital as the direct result of Cancer. An attending Doctor is a Doctor, other than the surgeon, who provides services for the Covered Person while Hospital confined and charges a fee for the service. Benefits payable for such services are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

SCREENING BENEFIT

We will pay the Screening Benefit Amount, as shown on the Policy Benefits Schedule, for a Covered Person's Doctor Visit in which diagnostic testing is performed to screen for Cancer. Benefits payable for an outpatient Doctor visit under this provision are not subject to a First Diagnosis of Cancer. Benefit payment is limited to once per Calendar Year for a Covered Person.

PRIVATE NURSE BENEFIT

We will pay the Private Nurse Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the full-time services of a private Nurse while confined as an inpatient in a Hospital as the direct result of Cancer. Full-time services means at least eight (8) hours of attendance during any twenty-four (24) hour period. These services must be required and authorized by the Covered Person's Doctor for the treatment of Cancer. Nursing services must be those that are other than those regularly furnished by the Hospital.

Benefits payable for a private Nurse are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

AMBULANCE BENEFIT

We will pay the Ambulance Benefit Amount, as shown on the Policy Benefits Schedule, for ambulance transport to or from a Hospital when a Covered Person is confined as an inpatient as the direct result of Cancer.

The Ambulance Benefit is limited to four (4) trips per Calendar Year per Covered Person for ground ambulance transport and one (1) trip per Calendar Year per Covered Person for air ambulance transport.

CANCER POLICY BENEFIT PROVISIONS (Continued)

SKILLED NURSING FACILITY BENEFIT

We will pay the Skilled Nursing Facility Benefit Amount, as shown on the Policy Benefits Schedule, for confinement in a Skilled Nursing Facility as a direct result of Cancer. Such confinement must occur within fourteen (14) days after being discharged from a Hospital confinement which was as a direct result of Cancer.

Benefits payable for Skilled Nursing Facility confinement are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement which immediately preceded the Skilled Nursing Facility confinement. Skilled Nursing Facility benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

TRANSPORTATION BENEFIT

We will pay the actual charges for coach fare by a Common Carrier for round trip transportation (air, rail, or bus) for a Covered Person and one adult companion, to a treatment facility that is located at least fifty (50) miles or more from the Covered Person's residence so that the Covered Person may receive treatment for Cancer.

Benefit payment is limited to the Transportation Benefit Amount, as shown on the Policy Benefits Schedule, per person, per round trip, up to twice in a Calendar Year. Transportation in a Private Vehicle will be paid at sixty cents (60¢) per mile. This benefit is only payable for treatments received within the United States. This benefit includes payment for travel related to a Doctor's office visit.

LODGING BENEFIT

We will pay the Lodging Benefit, as shown on the Policy Benefits Schedule, while a Covered Person is receiving treatment for Cancer at a Hospital or medical facility located at least fifty (50) miles or more from the Covered Person's residence. This benefit is payable for either a Covered Person or an adult companion traveling with them.

This benefit is payable only for the day(s) on which treatment is received. The Lodging Benefit is limited to one-hundred twenty (120) days per Covered Person per Calendar Year.

EXPERIMENTAL TREATMENT BENEFIT

We will pay the Experimental Treatment Benefit Amount, as shown on the Policy Benefits Schedule, for experimental treatment received in the United States for Cancer. Experimental treatment means:

1. Drugs or chemical substances approved by the U.S. Food and Drug Administration for experimental use in treatment of human Cancer; and
2. Surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

Included but not limited to in this definition are:

1. Chemotherapy or immunotherapy using experimental drugs or chemicals;
2. Hyperthermia;
3. Treatment with Interferon;
4. Atomic Particle Therapy.

We will not duplicate benefits for Experimental Treatment where such benefits may also be payable under any attached benefit rider(s). In such event, We will pay benefits for Experimental Treatment at the greater of the allowable benefit amounts.

ANNUAL CHECK-UP BENEFIT

We will pay the Annual Check-up Benefit Amount, as shown on the Policy Benefits Schedule, for an annual check-up with a Doctor after a positive diagnosis of internal Cancer.

Payment of the Annual Check-up Benefit is limited to five annual visits, per Covered Person, after a First Diagnosis of Cancer.

PREMIUM AND REINSTATEMENT PROVISIONS

PREMIUM

The first premium is due on the Effective Date. Each premium after the first is due on the last day of the term for which the most recent premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first premium is accepted by Us. If We accept a premium, this Policy will continue in force until the end of the term for which that premium was due.

The amount of the first premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each premium after the first is based on Your then current mode of payment and the premium then being charged for policies of this form number and premium classification issued in the same state.

GRACE PERIOD

You may pay premium up to thirty-one (31) days after it is due. The Policy remains in force during the grace period. If the premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that premium.

WAIVER OF PREMIUM

Premium payments will not be required if the Insured is:

1. Diagnosed as having Cancer after the Waiting Period and while covered under this Policy; and
2. Functionally Impaired due to Cancer for more than ninety (90) consecutive days. Functional Impairment must begin on or after the date of diagnosis.

This Waiver of Premium provision includes the waiving of premium for attached benefit riders, if any.

After it has been determined that the Insured is Functionally Impaired, premium payments will be waived for the period of Functional Impairment, except for premiums due during the first ninety (90) days of such period.

Proof of Functional Impairment from a Doctor must be sent to Us containing the following:

1. The date Cancer was First Diagnosed;
2. The date Functional Impairment, due to Cancer, began; and
3. The expected date, if any, such Functional Impairment will end.

Proof of continued Functional Impairment must be furnished at least once every six (6) months. We reserve the right to perform an independent assessment of the Insured's Functional Impairment while this benefit is in effect. Such assessment will be conducted at Our expense and will not be performed more frequently than once every six (6) months.

Periods of Functional Impairment: Once Functional Impairment due to Cancer ends for at least ninety (90) days, and the Insured is able to independently perform previously impaired activities of daily living, any future Functional Impairment will be considered a new Period of Functional Impairment. A new Period of Functional Impairment due to Cancer will require Functional Impairment for ninety (90) consecutive days in order for the Waiver of Premium to begin. New proof of Functional Impairment must also be provided.

End of Functional Impairment: We must be notified in writing as soon as Functional Impairment due to Cancer ends. We will assume Functional Impairment has ended if:

1. We do not receive proof of continued Functional Impairment at least once every six (6) months;
2. The Insured does not agree to have a physical examination performed; or
3. We receive notice that Functional Impairment has ended.

When the Insured is no longer Functionally Impaired due to Cancer, We will provide coverage until the end of the month for which premiums would be due. After that, premiums must be paid in order to keep this coverage and attached riders, if any, in force.

PRO RATA REFUND

The amount of premium refund shall be prorated from the date following the date of death of the Insured to the end of the contract period for which the premium has been paid. Unearned premiums shall be paid in lump sum on a date no later than thirty (30) days after the proof of the Insured's death has been furnished to the Insurer.

LAPSE AND REINSTATEMENT

If a premium is not paid before the grace period ends, this Policy will lapse. If We later accept the premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due premium.

If reinstated, the Policy will cover only Cancer First Diagnosed more than ten (10) days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

POLICY EXCLUSIONS

This policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the U.S. Food and Drug Administration for the treatment of Cancer;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of this policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person's Immediate Family.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given to Us within thirty (30) days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

CLAIM FORMS

When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within fifteen (15) days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

PROOF OF LOSS

You must give Us written proof satisfactory to Us within ninety (90) days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time. One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. A fully completed claim form;
2. A Pathologist's report; or
3. A Doctor's statement.

TIME OF PAYMENT OF CLAIM

After We receive satisfactory written proof of loss:

1. We will pay any benefits then due that are not payable periodically; and
2. We will pay at the end of each thirty (30) day period any benefits due that are payable periodically; subject to continuing proof of loss.

PAYMENT OF CLAIMS

Benefits will be paid to You. Any benefit unpaid at the time of Your death will be paid to Your estate. If benefits are payable to Your estate, We will pay up to one-thousand dollars (\$1,000) to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT

No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have a Covered Person examined as often as reasonably necessary while a claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

LEGAL ACTION

You cannot bring legal action within sixty (60) days from the date written proof of loss is given. You cannot bring it after three (3) years from the date written proof of loss is required.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

The entire contract of insurance consists of the Policy, the Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

DATE OF ISSUE

This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

MISSTATEMENT OF AGE

If any Covered Person's age or date of birth is misstated in the application, the benefits will be such, as the Premium paid would have purchased at the correct age. If based on the correct age, We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for three (3) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the three (3) year period.

CANCELLATION BY INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us, prior to its renewal date or expiration date. We shall refund to You, the pro-rata portion of such premiums paid for any period beyond the end of the Policy month in which the cancellation occurred. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of the cancellation.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

ANNUAL MEETING

The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

**GUARANTEE TRUST LIFE INSURANCE
COMPANY**

A Mutual Company

1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

**CANCER
BENEFIT POLICY**

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025
[(847) 699-0600]

CANCER LUMP SUM BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Cancer (*Life Threatening*): A malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia. Cancer does not mean:

1. Skin Cancer (basal or squamous cell), except for malignant melanoma;
2. Pre-malignant tumors or polyps;
3. Intraductal non-invasive carcinoma of the breasts;
4. Carcinoid of the appendix

Cancer In Situ: Cancer that involves only the site of origin and which has not spread to neighboring tissue.

Rider Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to Cancer. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Cancer is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

CANCER LUMP SUM BENEFIT

We will pay the First Diagnosis Cancer Lump Sum Benefit Amount, as shown on the Rider Benefits Schedule, if the Covered Person is First Diagnosed with Cancer or Cancer In Situ after the Effective Date of coverage under this Rider and the Rider Waiting Period, if any, has been satisfied.

Separate benefits amounts are payable for the diagnosis of internal Cancer and Cancer In Situ.

RIDER LIMITATIONS AND EXCLUSIONS

Benefits under this Rider are limited for each Covered Person's lifetime to one (1) lump sum payment for the First Diagnosis of internal Cancer and one (1) lump sum payment for the First Diagnosis of Cancer In Situ.

Benefits under this Rider are excluded for a diagnosis of skin cancer, except where such diagnosis is malignant melanoma.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

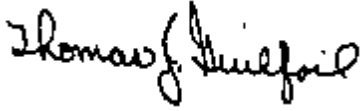
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

CANCER LUMP SUM BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

Rider Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to Cancer. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Cancer is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

	Lump Sum Benefit Amount
First Diagnosis Cancer	[\$XXX]/Lifetime
Cancer In Situ	[\$XXX]/Lifetime
Rider Waiting Period	30 days

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

CANCER RADIATION AND CHEMOTHERAPY BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply whenever the terms are used in the Rider.

Chemotherapy Treatment: Cytotoxic chemical substances and their administration.

Injected Chemotherapy: A treatment of chemotherapy that is injected involving the use of a short needle such as those used by diabetics for the injection of insulin.

Oral Chemotherapy: A treatment of chemotherapy that can be swallowed orally. The oral forms of chemotherapy can be pills, tablets, capsules or liquid, all of which can be absorbed in the stomach or under the tongue.

Topical Chemotherapy: A treatment of chemotherapy where a cream is applied directly to the skin.

Experimental Treatment:

1. Drugs or chemical substances approved by the U.S. Food and Drug Administration for experimental use in treatment of human Cancer; and
2. Surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

For the purposes of this Rider, Experimental Treatment includes, but is not limited to the following:

1. Chemotherapy or immunotherapy using experimental drugs and chemicals;
2. Hyperthermia;
3. Interferon treatment;
4. Atomic particle therapy.

Period of Confinement: A period which begins on or after the Effective Date of coverage, and during which a Covered Person is confined as an inpatient to a Hospital or Skilled Nursing Facility. Re-confinement within thirty (30) days of discharge from a Hospital or Skilled Nursing Facility for the same or related condition will be considered a continuation of the prior Period of Confinement. Re-confinement more than thirty (30) days after discharge from a Hospital or Skilled Nursing Facility will be treated as a new Period of Confinement.

Radiation Treatment: A radiation therapy, including but not limited to the insertion or interstitial or intracavity application of radium or radioisotopes.

RIDER BENEFITS

Subject to meeting the Eligibility for Benefits provision of the Policy to which this Rider is attached, a Covered Person shall be eligible for the following benefits.

Chemotherapy / Radiation Benefit

We will pay for Chemotherapy Treatments and Radiation Treatments prescribed by a Doctor for the treatment of Cancer as follows:

RIDER BENEFITS CONTINUED

Chemotherapy:

- Injected: The Benefit Amount, as shown on the Rider Benefits Schedule, is paid for each day Injected Chemotherapy treatment is administered. When chemotherapy is administered by a pump, benefits will be payable for the day the pump usage began and the day of each subsequent refill.
- Oral: The Benefit Amount, as shown on the Rider Benefits Schedule, is per month for up to three (3) different Oral Chemotherapy medicines. This benefit is payable for up to thirty-six (36) months. Topical Chemotherapy will be considered Oral Chemotherapy.

Radiation: Benefit Amount, as shown on the Rider Benefits Schedule, is per day.

The total for all Chemotherapy and Radiation benefits combined are limited to the Maximum Chemotherapy / Radiation Benefit Amount, as shown on the Rider Benefits Schedule.

Anti-Nausea Drug Benefit

We will pay the Anti-Nausea Drug Benefit Amount, as shown on the Rider Benefits Schedule, for anti-nausea drugs prescribed by a Doctor while a Covered Person is receiving Chemotherapy or Radiation Treatment, or Experimental Treatment. This benefit is limited to once per calendar month. This benefit is not payable for non-prescription (over-the-counter) medications, nor is it payable during a Hospital Period of Confinement.

Immunotherapy Benefit

We will pay the Immunotherapy Benefit Amount, as shown on the Rider Benefits Schedule, for immunotherapy prescribed by a Doctor as part of a treatment regimen for Cancer. This benefit is limited to once per calendar month when immunotherapy is administered. Immunotherapy benefits are limited to a lifetime maximum amount, as shown on the Rider Benefits Schedule.

Supportive Drug Benefit

We will pay the Supportive Drug Benefit Amount, as shown on the Rider Benefits Schedule, for supportive or protective care drugs prescribed in connection or conjunction with injected Chemotherapy. Supportive drugs must be those which may be lawfully prescribed by a licensed Doctor. Supportive drugs payable under this provision do not include anti-nausea or immunotherapy drugs. The Supportive Drug Benefit is limited to once per calendar month.

Transfusion Benefit

We will pay the Transfusion Benefit Amount, as shown on the Rider Benefits Schedule, for each day that a Covered Person receives a transfusion for the treatment of Cancer. This benefit is limited to patient transfusion of blood, plasma, and platelets. This provision excludes payment for immunoglobulin, bone marrow, immunotherapy, anti-hemophilia factors or colony stimulating factors. This benefit does not pay for processing tests. This benefit does not pay for processing, administration, storage, laboratory charges or blood components replaced by donors.

RIDER EXCLUSIONS

This Rider does not pay benefits for experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

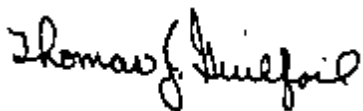
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by

Handwritten signature of Thomas J. Guilford in black ink.

Secretary

Handwritten signature of R. Stokem III in black ink.

President

CANCER RADIATION AND CHEMOTHERAPY BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

	Benefit Amount
Chemotherapy	
Injected	[\$XXX]/day
Oral	[\$XXX]/day
Radiation	[\$XXX]/day
Anti-Nausea Drugs	[\$XX]/month
Immunotherapy	[\$XXX]/lifetime
Lifetime benefit amount per covered person	
Supportive Drugs	[\$XX]/month
Transfusion	[\$XX]/day

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

CANCER SURGICAL PROCEDURES BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

First Diagnosis Cancer: The first time in which the earliest of the following occurs:

1. Cancer is first diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The Doctor establishing the pathological diagnosis shall base his/her judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or suspect tumor, tissue or specimen. A postmortem pathological diagnosis of Cancer will only be accepted as a First Diagnosis when the deceased Covered Person received Definitive Treatment for such Cancer prior to death.
2. Cancer is first diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Doctor's statement and/or examination by a Doctor of Our choice at Our expense.

Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, or prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a First Diagnosis of Cancer, this will not be a covered condition. If Cancer is diagnosed and / or treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent First Diagnosis of Cancer after the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid on this policy and attached riders. The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken.

Rider Waiting Period: The number of days after the covered Person's Effective Date, before We will pay benefits for loss due to Cancer. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Cancer is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

ELIGIBILITY FOR BENEFITS

The Covered Person will be eligible for benefits under this Rider if all of the following conditions are met:

1. Cancer is First Diagnosed and treated after the Rider Waiting Period;
2. Cancer is First Diagnosed and treated while insured under this Rider;
3. Loss due to First Diagnosed Cancer is incurred while insured under this Rider; and
4. Loss is the result of Cancer under this Rider.

RIDER BENEFITS

Subject to meeting the Eligibility for Benefits provision of the Policy to which this Rider, a Covered Person shall be eligible for the payment of benefits, as described below, as a result of a First Diagnosed Cancer.

Surgical Procedure Benefit

We will pay the Surgical Procedure Benefit Amount, as shown on the attached Surgical Benefits Schedule, for inpatient or outpatient surgery performed on a Covered Person by a Doctor as a result of a First Diagnosed Cancer.

If more than one surgical procedure is performed at the same time through the same incision, We will only pay for one surgical procedure performed for which the largest benefit amount is payable.

Anesthesia Benefit

We will pay an anesthesia benefit in an amount equal to thirty percent (30%) of the Surgical Benefit Amount for a surgical procedure performed during which anesthesia was administered.

If anesthesia is administered during a covered surgical procedure that is not listed on the attached Surgical Benefits Schedule, We will pay an Anesthesia Benefit equal to 30% of the benefit amount We pay for the surgery.

Second and Third Surgical Opinion Benefit

We will pay a benefit of three -hundred dollars (\$300.00) for a second surgical opinion if recommended due to a positive First Diagnosis of Cancer. In the event the second opinion fails to confirm the need for surgery, We will pay a benefit of three-hundred dollars (\$300.00) for a third surgical opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for surgical or other benefits available under this Rider. Second or third opinions must be rendered by a Doctor whose license, practice, or medical specialty qualifies such Doctor to render an authoritative opinion. Second or third opinions, if needed, must be rendered before surgery is performed. This benefit is not payable for a diagnosis of Skin Cancer.

Skin Cancer Benefit

We will pay the Skin Cancer Benefit Amount, as shown on the Rider Benefits Schedule, for surgery needed for the Definitive Treatment of Skin Cancer.

Prosthesis Benefit

Surgically Implanted Device: We will pay the Prosthesis Benefit Amount, as shown on the Rider Benefits Schedule, for surgically implanted prosthetic devices needed as a direct result of a surgical procedure performed and for which the Covered Person received a Surgical Procedure Benefit under this Rider.

Non-Surgical Device: We will pay twenty-five percent (25%) of the Prosthesis Benefit Amount for a non-surgically implanted prosthesis needed as a direct result of a Cancer and for which the Covered Person received benefits under this Rider. This provision excludes payment for post-surgical supplies such as mastectomy bras or ostomy pouches.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

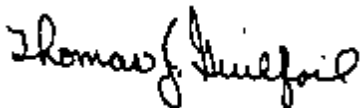
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease upon the date of the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

CANCER SURGICAL PROCEDURE BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

Rider Waiting Period: [30 days]

Surgical Procedure	Refer to attached Surgical Procedure Benefits Schedule
Anesthesia	30% of the Surgical Benefit Amount
Second and Third Surgical Opinion	\$300/each
Skin Cancer	[\$XXX]
Prosthesis	
Surgically Implanted Device	[\$X,XXX]/Lifetime
Non-Surgical Device	[\$XXX]/Lifetime

SURGICAL BENEFITS SCHEDULE

If you have a surgical procedure performed which is not shown in this Surgical Schedule, we will pay a benefit amount based on the difficulty of the procedure as compared to the difficulty of the procedures shown.

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
ABDOMEN		
Abdominal paracentesis	49080	\$[101]
Excision of intra-abdominal or retroperitoneal tumor	49200	\$[315]
Staging celiotomy (Hodgkin's or Lymphoma)	49220	\$[495]
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$[338]
Cystectomy, complete; with bilateral pelvic lymphadenectomy	51575	\$[1,156]
Cystectomy, complete; with ureteroileal conduit or sigmoid bladder, including bowel anastomosis;	51590	\$[1,1619]
Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypo	51595	\$[2,055]
gastric and obturator nodes		
Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder	51597	\$[1,726]
and ureteral transplantation		
Cystourethroscopy with biopsy	52204	\$[101]
Cystourethroscopy, with fulguration and/or resection of medium tumors) (2.0 - 5.0 cm)	52235	\$[270]
BONE		
Biopsy, bone, trocar or needle; superficial	20220	\$[101]
Radical resection of sternum for tumor with mediastinal lymphadenectomy	21632	\$[1,1439]
BRAIN		
Craniectomy for tumor of skull	61500	\$[1,109]
Excision brain tumor, supratentorial	61510	\$[1,439]
Excision brain tumor, infratentorial or posterior fossa	61518	\$[1,583]
Cerebellopontine angle tumor	61520	\$[2,055]
Midline tumor at base of skull	61521	\$[3,084]
Excision of craniopharyngioma	61545	\$[3,750]
Hypophysectomy, intracranial approach	61546	\$[1,529]
BREAST		
Biopsy of breast, incisional (separate procedure)	19101	\$[101]
Excision of malignant tumor	19120	\$[113]
Mastectomy, partial	19160	\$[135]
Mastectomy, simple, complete	19180	\$[234]

CONTINUED

SURGICAL BENEFITS SCHEDULE CONTINUED	PROCEDURE	SURGICAL
SURGICAL PROCEDURE	CODE	BENEFIT
BREAST Continued		
Mastectomy, radical including pectoral muscles, axillary and internal mammary lymph nodes	19220	[\$585]
Mastectomy, modified radical, including axially lymph nodes and pectoralis minor muscle, but excluding pectoralis major muscle	19240	[\$428]
Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	19272	[\$1,079]
CHEST		
Bronchoscopy with biopsy	31625	[\$131]
Thoracentesis for biopsy	32000	[\$101]
Biopsy, lung or mediastinum, percutaneous needle	32405	[\$101]
Pneumonectomy, total	32440	[\$770]
Lobectomy, total or segmental	32480	[\$608]
Excision of mediastinal tumor	39220	[\$410]
EAR		
Excision, external ear, partial	69110	[\$135]
Radical excision, external auditory canal lesion with neck dissection	69155	[\$529]
Excision aural glomus tumor, transcanal	69550	[\$464]
Transmastoid	69551	[\$794]
Extended (extratemporal)	69554	[\$1,481]
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	[\$338]
Thoracic approach	43101	[\$495]
Wide excision of malignant lesion of cervical esophagus	43105	[\$540]
With radical neck dissection	43106	[\$822]
Esophagectomy (at upper two-thirds level) and gastric anastomosis with vagotomy	43110	[\$630]
Esophagogastrectomy (lower third) and vagotomy, combined thoracicoabdominal	43120	[\$781]
EYE		
Enucleation of eye	65101	[\$281]
Exenteration of orbit	65110	[\$450]
Orbitotomy with removal of lesion	67412	[\$450]
HEART		
Pericardiectomy	33100	[\$822]
Excision intracardiac tumor, resection with bypass	33120	[\$2,065]
INTESTINES		
Colectomy, partial; with anastomosis	44140	[\$416]
With coloproctostomy	44145	[\$479]
Colectomy, total, abdominal with ileostomy or Ileoproctostomy	44150	[\$563]
With rectal mucosectomy, ileoanal anastomosis	44153	[\$1,529]
With proctectomy	44155	[\$770]
Small intestine, enteroscopy beyond second portion of duodenum, with biopsy	44361	[\$117]
Proctectomy, complete, combined abdominoperineal	45110	[\$630]
Proctosigmoidoscopy with biopsy	45305	[\$101]
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	45380	[\$169]
KIDNEY		
Renal biopsy		
Percutaneous, by trocar or needle	50200	[\$101]
By surgical exposure of kidney	50205	[\$180]
Nephrectomy, radical, with regional lymphadenectomy	50230	[\$835]
Partial	50240	[\$540]
LIVER		
Needle biopsy, percutaneous	47000	[\$101]
Wedge biopsy (independent procedure)	47100	[\$225]

CONTINUED

SURGICAL BENEFITS SCHEDULE CONTINUED		PROCEDURE	SURGICAL
SURGICAL PROCEDURE		CODE	BENEFIT
LIVER Continued			
Hepatectomy, partial lobectomy		47120	[\$653]
LYMPHATIC SYSTEM			
Biopsy or excision of cervical lymph node; deep		38510	[\$101]
Cervical lymphadenectomy (complete)		38720	[\$473]
MOUTH			
Excision of lip; transverse wedge excision with primary closure		40510	[\$169]
Hemiglossectomy		41130	[\$248]
Glossectomy			
Partial, with unilateral radical neck dissection		41135	[\$495]
Total, with unilateral radical neck dissection		41145	[\$630]
With resection, floor of mouth, mandibular resection and radical neck dissection (commando type)		41155	[\$770]
Resection, palate		42120	[\$495]
OVARY			
Wedge resection or bisection		58920	[\$248]
PANCREAS			
Excisional biopsy (independent procedure)		48100	[\$338]
Pancreatectomy with pancreaticoduodenectomy and pancreaticojejunostomy		48150	[\$1,079]
PAROTID			
Excision parotid tumor, lateral lobe, without nerve dissection		42410	[\$140]
Total, with unilateral radical neck dissection		42426	[\$630]
PELVIS			
Radical resection for tumor		27075	[\$405]
Innominate bone (total)		27077	[\$1,619]
Amputation, partial		54120	[\$225]
Complete		54125	[\$450]
Radical with bilateral inguinofemoral lymphadenectomy		54130	[\$630]
PROSTATE			
Biopsy, needle or punch, single or multiple, any approach		55700	[\$101]
Transurethral resection of prostate		52601	[\$450]
Prostatectomy, retropubic radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes		55845	[\$1,079]
SINUS			
Maxillectomy with orbital exenteration		31230	[\$630]
SPINE			
Resection tumor, radical, soft tissue of flank or back		21935	[\$338]
Partial resection of vertebral component for cervical tumor		22105	[\$270]
Biopsy of spinal cord, percutaneous needle		62269	[\$378]
Laminectomy for biopsy/excision of intraspinal neoplasm; Extradural, cervical		63275	[\$1,439]
Intradural, intramedullary, thoracic		63286	[\$2,055]
STOMACH			
Gastric biopsy by laparotomy		43605	[\$304]
Local excision of tumor		43610	[\$338]
Total gastrectomy including intestinal anastomosis		43620	[\$630]
Hemigastrectomy with vagotomy		43635	[\$518]
TESTIS			
Biopsy, incisional (independent procedure)		54505	[\$101]
Orchiectomy, radical, for tumor, inguinal approach		54530	[\$214]
With abdominal exploration		54535	[\$281]

CONTINUED

SURGICAL BENEFITS SCHEDULE CONTINUED

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
THROAT		
Laryngectomy, total, without radical neck dissection	31360	\$[563]
With radical neck dissection	31365	\$[1,109]
Pharyngolaryngectomy with radical neck dissection	31390	\$[797]
Laryngoscopy, direct, operative, with biopsy	31535	\$[135]
THYROID		
Thyroidectomy for malignancy	60252	\$[585]
With radical neck dissection	60254	\$[653]
UTERUS		
Colposcopy with biopsy	57454	\$[101]
Dilation and curettage with biopsy	58120	\$[101]
Radical abdominal hysterectomy, with bilateral total pelvic and limited para-aortic lymphadenectomy	58210	\$[1,079]
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	\$[450]
Total, ectopic ureter; combination abdominal, vaginal and/or perineal approach	50660	\$[630]
Ureteral endoscopy with biopsy	50974	\$[101]
VULVA		
Vulvectomy, complete	56625	\$[349]
Radical	56630	\$[495]
With inguinofemoral, iliac, and pelvic lymphadenectomy	56640	\$[848]

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

THERAPY AND WELLNESS BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Accident: A sudden and unforeseeable event that results in an Injury.

Injury: Bodily injury due to an Accident which:

- Results directly and independently of disease, bodily infirmity or any other causes;
- Solely, directly and independently of all other causes results in medical expenses;
- Occurs after the effective date of this Covered Person's coverage under this Rider; and
- Occurs while this Rider is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

Program: For the purposes of this Rider means a Covered Person makes a healthy lifestyle choice by joining a gym, participating in a smoking cessation program or joins a weight loss program.

Sickness: Illness or disease.

RIDER BENEFITS

Health and Wellness

We will pay the Health and Wellness Benefit Amount, as shown on the Rider Benefits Schedule, if a Covered Person receives any of the following tests. This Health and Wellness benefit is limited to one (1) payment per Calendar Year per Covered Person. Additional payment will not be made should a Covered Person have more than one (1) of the allowable test performed per Calendar Year.

Mammogram
Breast Ultrasound
Breast MRI (Magnetic Resonance Imaging)
CA 15-3 (Blood Test for Breast Cancer Tumor)
Pap Smear
Thin Prep
Biopsy
Flexible Sigmoidoscopy
Hemoccult Stool Specimen (Lab Confirmed)
Chest X-Ray
MRI (Magnetic Resonance Imaging)
CAT Scan
Electrocardiogram
Heart Catheterization

CEA (Blood Test for Colon Cancer)
CA 125 (Blood Test for Ovarian Cancer)
PSA (Blood Test for Prostate Cancer)
Testicular Ultrasound
Thermograph
Colonoscopy
Virtual Colonoscopy
Serum Protein Electrophoresis
Echocardiogram
Blood Test to Confirm Elevated Cardiac Enzymes
Neuroimaging Studies
Thallium Scan
Angiogram

RIDER BENEFITS CONTINUED

Educational Services

We will pay the Educational Services Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person and their primary caregiver attend programs designed to educate or counsel individuals on specific diseases or medical conditions. Benefit payment is limited to sessions directly related to covered conditions for which a Covered Person has received other benefits under the Policy to which this Rider is attached. Benefit payment is per session, with a maximum benefit payment of twelve (12) sessions per Calendar Year.

Hearing, Occupational, Physical, and Speech Therapies

We will pay the Therapy Benefit Amount, as shown on the Rider Benefits Schedule, for each day a Covered Person receives hearing, occupational, physical, or speech therapy needed as a result of a covered condition for which a Covered Person has received other benefits under the Policy to which this Rider is attached. The Therapy Benefit Amount is paid on a daily basis without regard to the number of different therapy sessions received.

Mental Health

We will pay the Mental Health Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person attends counseling sessions for mental and nervous disorders or emotional disease or disorder that is the result of a covered condition for which a Covered Person has received other benefits under the Policy to which this Rider is attached. Benefit payment is per session, with a maximum benefit payment of five (5) sessions per Calendar Year.

Healthy Lifestyle

We will pay the Healthy Lifestyle Benefit Amount, as shown on the Rider Benefits Schedule, when a Covered Person participates in a program designed to promote a healthy lifestyle choice. Such programs are limited to, weight loss, smoking cessation, and physical fitness. Benefit payment is limited to once per Calendar Year per Covered Person over the age of seventeen (17).

Alternative Care Rider

We will pay the Alternative Care Benefit Amount, as shown on the Rider Benefit Schedule for a Covered Person for the following types of alternative care:

- Integrative Assessment and Education: This is a one-time benefit for assessment and / or education services performed by an accredited practitioner.
- Ameliorative Services: Acupuncture, massage therapy, biofeedback and hypnosis are covered services. Benefits are limited to twenty (20) visits per Calendar Year with an accredited practitioner.
- Lifestyle services: Yoga, meditation, relaxation techniques, Tai-Chi, nutritional counseling and smoking cessation are covered services. Benefits are limited to twenty (20) visits per Calendar Year with an accredited practitioner.

Continued benefit payment for Ameliorative and Lifestyle services, as shown above, are subject to a Covered Person providing proof for Injury or Sickness.

RIDER EXCLUSIONS

This rider does not provide benefits for:

- Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
- Injury by acts of war, whether declared or not.
- Attempted suicide while sane or insane.
- Injury sustained while committing or attempting to commit a felony.
- Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
- Loss of resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

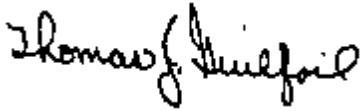
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

THERAPY AND WELLNESS BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

	Benefit Amount
Health and Wellness	[\$XX]/Year
Educational Services - Limit 12 sessions per Calendar Year	[\$XX]/Session
Hearing, Occupational, Physical, and Speech Therapies	[\$XX]/Day
Mental Health - Limit 5 sessions per Calendar Year	[\$XX]/Session
Healthy Lifestyle	[\$XX]/Year
Alternative Care	
Integrative Assessment and Education Benefit	[\$XX]/Lifetime
Ameliorative Benefit - Limit 20 visits per Calendar Year	[\$XX]/Visit
Lifestyle Benefit - Limit 20 visits per Calendar Year	[\$XX]/Visit

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

HEART ATTACK OR STROKE BENEFIT RIDER

EFFECTIVE DATE:_____.

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

First Diagnosis: The first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

Heart Attack: An acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Heart Transplant: The surgical removal of the entire heart (including all atria, ventricles and valves) and replacement with a human heart. It does not mean replacement of a human heart with a non-human, mechanical or artificial heart.

Stroke: An acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Rider Waiting Period: The number of days after the covered Person's Effective Date, before We will pay benefits for loss due to Heart Attack or Stroke. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Heart Attack or Stroke is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

ELIGIBILITY FOR BENEFITS

A Covered Person will be eligible for benefits under this Rider if all the following conditions are met:

1. Heart Attack or Stroke is First Diagnosed and treated after the Rider Waiting Period, if any,
2. Heart Attack or Stroke is First Diagnosed and treated while insured under this Rider;
3. Loss due to First Diagnosed Heart Attack or Stroke is incurred while insured under this Rider; and
4. Loss is the result of a Heart Attack or Stroke covered by this Rider.

Benefits requiring confinement in a Hospital are not payable for any day of Hospital confinement unless the day of confinement is the direct result of a Heart Attack or Stroke.

If a Covered Person meets all other eligibility requirements and such person's Heart Attack or Stroke is not diagnosed until after death, he or she will be eligible for benefits beginning on the date of admission for a period of continuous hospitalization ending in the Covered Person's death, but not for more than thirty (30) days prior to the date of death.

RIDER BENEFITS

Applicability Of Policy Benefits To This Rider

After the Rider Waiting Period, if any, has been satisfied and while the Policy and this Rider are in force, We will pay benefits as described in the "Benefit Provisions" of the Policy, excluding the Experimental Treatment Benefit when loss is due to Heart Attack or Stroke. Benefit payments are subject to the benefit amounts shown in the Rider Benefits Schedule and the definitions, limitations, exclusions and other provisions of the Policy and this Rider.

Heart Transplant Benefit

We will pay the Heart Transplant Benefit Amount, as shown in the Rider Benefits Schedule, for a human Heart Transplant because the heart can no longer adequately function causing a Covered Person to be at greater risk of death.

Transplant Benefit Amount Increases: After this Rider has been in effect for one (1) year, We will increase the initial transplant benefit amount, as shown on the Rider Benefits Schedule, by five percent (5%). We will continue to increase the current transplant benefit amount by five percent (5%) on each subsequent Rider anniversary for a period not to exceed ten (10) years.

In the event coverage (policy and all attached benefit riders) includes multiple benefits for a Heart Transplant, only one (1) of the multiple benefit amounts will be payable. Benefit payment will be at the amount that is the greater of any amount then payable for a Heart Transplant.

Transfusion Benefit

We will pay the Transfusion Benefit Amount, as shown on the Rider Benefits Schedule, per day when a Covered Person requires a transfusion as a direct result of a Heart Attack or Stroke. This benefit is limited to patient transfusion of blood, plasma, and platelets. This benefit does not pay for processing tests. This benefit does not pay for processing, administration, storage, laboratory charges or blood components replaced by donors.

Waiver Of Premium Benefit

The Waiver of Premium provision of the Policy, is hereby amended as follows:

Any reference to Cancer will also include and apply to Heart Attack or Stroke, as defined within this Rider, and is subject to the Policy definition of "Functional Impairment / Functionally Impaired", and all limitations and exclusions of the Waiver of Premium provision shown in the Policy.

RIDER LIMITATIONS AND EXCLUSIONS

This Rider does not pay benefits for:

1. Any loss due to injury or sickness unless such treatment is directly related to or attributable to the Heart Attack or Stroke as defined;
2. Care outside the United States ;
3. Experimental drugs or substances not approved by the U.S. Food & Drug Administration for the treatment of Heart Attack or Stroke;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of the Policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person's Immediate Family.

RENEWAL CONDITIONS AND PREMIUM

This Rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

LAPSE AND REINSTATEMENT

If the Policy to which this Rider is attached should lapse and be reinstated, this Rider will cover only a Heart Attack or Stroke First Diagnosed more than ten (10) days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement.

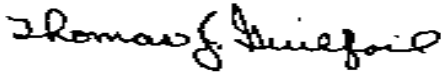
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, provisions, and limitations of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois, by



Secretary



President

RIDER BENEFITS SCHEDULE

Heart Attack or Stroke Benefit Rider

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

Hospital Confinement	Benefit Amount
Days 1 through 90	[\$XXX]/day
Beginning with the 91 st consecutive day	[\$XXX]/day
Drugs and Medicines (During Hospital Confinement)	[\$XX]/visit
Attending Doctor (During Hospital Confinement)	[\$XX]/visit
Screening Benefit (Once per Calendar Year)	[\$XX]/visit
Private Nurse (During Hospital Confinement)	[\$XXX]/day
Ambulance	
Ground transport, up to 4 trips per Calendar Year	[\$XXX]/trip
Air transport, once per Calendar Year	[\$X,XXX]/trip
Diagnostic Testing (Per Test, up to 2 tests per Calendar Year)	[\$XXX]/test
Skilled Nursing Facility	[\$XXX]/day
Hospice Care (Up to 6 months)	[\$XXX]/day
Transportation (Over 50 Miles)	
Coach Fare Air/Rail/Bus Limited to 2 round trips/per person/per year	Up to \$2,000/per person/per round-trip
Private Vehicle \$0.60/mile	Up to \$2,000/per round trip
Lodging	[\$XX]/day
Annual Check-Up Visit (Up to 5 annual visits)	[\$XX]/visit
Heart Transplant	[\$X,XXX] Lifetime
Transfusion	[\$XX]/day
Rider Waiting Period	30 days

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER

(Includes Limited Lump Sum Benefit Payment for Coronary Angioplasty)

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Coronary Angioplasty: A procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

First Diagnosis: The first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor; AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities such as a diagnostic abnormality in the CK-MB isoenzyme (Creatine Kinase-MB) fraction; OR
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date of this Rider.

Heart Attack: An acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Stroke: An acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Rider Waiting Period: The number of days after the covered Person's Effective Date, before We will pay benefits for loss due to Heart Attack or Stroke. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Heart Attack or Stroke is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

ELIGIBILITY FOR BENEFITS

After the Effective Date of Coverage and while insured under this Rider, a Covered Person will be eligible for benefits under this Rider if all the following conditions are met:

1. For Heart Attack or Stroke:
 - a. First Diagnosis and treatment are after the Rider Waiting Period;
 - b. Heart Attack or Stroke is First Diagnosed and treated while insured under this Rider.

ELIGIBILITY FOR BENEFITS CONTINUED

2. For Coronary Angioplasty:
- Medical advice to undergo Coronary Angioplasty is received after the Rider Waiting Period;
 - Coronary Angioplasty is performed after the Rider Waiting Period and while insured under this Rider; and
 - Coronary Angioplasty is not performed as a direct result of a Heart Attack which immediately preceded the Coronary Angioplasty procedure.

Eligibility for lump sum benefits payable under this Rider will not be precluded if diagnosis of a Heart Attack or Stroke is determined after the Covered Person's death.

LUMP SUM RIDER BENEFIT PROVISIONS

Heart Attack or Stroke: Subject to meeting the requirements set forth in the *Eligibility for Benefits* provision, We will pay the Heart Attack or Stroke Lump Sum Benefit Amount, as shown on the Rider Benefits Schedule.

Coronary Angioplasty: Subject to meeting the requirements set forth in the *Eligibility For Benefits* provision, We will pay the Coronary Angioplasty Benefit Amount, as shown on the Rider Benefits Schedule.

RIDER LIMITATIONS AND EXCLUSIONS

Benefits under this Rider are limited for each Covered Person's lifetime to:

- one (1) lump sum payment for the First Diagnosis of a Heart Attack or a Stroke, with no further payments; and
- one (1) lump sum payment for Coronary Angioplasty, with no further payments.

Benefits for Coronary Angioplasty are not payable if such procedure is performed as a direct result of a Heart Attack for which benefits would also be payable under the terms of this Rider. In that event, any benefits payable for Coronary Angioplasty will be limited to those benefits payable under the Surgical Procedure Benefits Schedule, if such coverage is included in or attached to the Policy.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

WHEN THIS RIDER ENDS

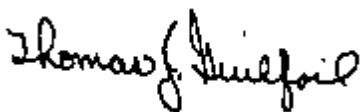
This Rider ends and any benefits payable under it cease upon the earlier of:

- The date the Policy to which this Rider is attached ends; or
- Upon our payment of the allowable First Diagnosis Heart Attack or Stroke and Coronary Angioplasty Lump Sum benefits described in this Rider to the Covered Person. Or, in the event of family coverage, and subject to the Continuation of Insurance provision, payment is made to the remaining Covered Person insured under this Rider.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

	Benefit Amount
Heart Attack or Stroke Lump Sum Benefit	[\$XXX]/Lifetime
Coronary Angioplasty Benefit	[\$XX]/Lifetime
Rider Waiting Period	30 days

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025
[(847) 699-0600]

HEART ATTACK OR STROKE SURGICAL PROCEDURES BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

First Diagnosis: The first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date of this Rider.

Heart Attack: An acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Stroke: An acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Rider Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to Heart Attack or Stroke. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Heart Attack or Stroke is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

ELIGIBILITY FOR BENEFITS

A Covered Person will be eligible for benefits under this Rider if all the following conditions are met:

1. Heart Attack or Stroke is First Diagnosed and treated after the Rider Waiting Period;
2. Heart Attack or Stroke is First Diagnosed and treated while insured under this Rider;
3. Loss due to First Diagnosed Heart Attack or Stroke is incurred while insured under this Rider; and
4. Loss is the result of a Heart Attack or Stroke covered by this Rider.

RIDER BENEFITS

Surgical Procedure Benefit

We will pay the Surgical Procedure Benefit Amount, as shown on the attached Surgical Benefits Schedule, for inpatient or outpatient surgery performed on a Covered Person by a Doctor as a result of a First Diagnosed Heart Attack or Stroke.

If more than one surgical procedure is performed at the same time through the same incision, We will only pay for one surgical procedure performed for which the largest benefit amount is payable.

In the event coverage (policy and all attached benefit riders) includes multiple benefits for a Heart Transplant, only one (1) of the multiple benefit amounts will be payable. Benefit payment will be at the amount that is the greater of any amount then payable for a Heart Transplant.

Anesthesia Benefit

We will pay an anesthesia benefit in an amount equal to thirty percent (30%) of the Surgical Benefit Amount for a surgical procedure performed during which anesthesia was administered.

If anesthesia is administered during a covered surgical procedure that is not listed on the attached Surgical Benefits Schedule, We will pay an Anesthesia Benefit equal to 30% of the benefit amount We pay for the surgery.

Second and Third Surgical Opinion Benefit

We will pay a benefit of three-hundred dollars (\$300.00) for a second surgical opinion if recommended due to a positive First Diagnosis of a Heart Attack or Stroke. In the event the second opinion fails to confirm the need for surgery, We will pay a benefit of three-hundred dollars (\$300.00) for a third surgical opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for surgical or other benefits available under this Rider. Second or third opinions must be rendered by a Doctor whose license, practice, or medical specialty qualifies such Doctor to render an authoritative opinion. Second or third opinions, if needed, must be rendered before surgery is performed.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

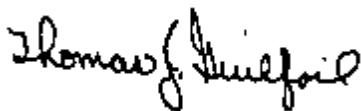
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

HEART ATTACK OR STROKE SURGICAL PROCEDURES BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

Rider Waiting Period: [30 Days]

Surgical Procedure	Refer to attached Surgical Procedure Benefits Schedule
Anesthesia	30% of the Surgical Benefit Amount
Second and Third Surgical Opinion	\$300/each

HEART ATTACK OR STROKE RIDER SURGICAL BENEFIT SCHEDULE

If you have a surgical procedure performed for Heart Attack or Stroke which is not shown in this Rider Surgical Schedule, we will pay a benefit amount based on the difficulty of the procedure as compared to the difficulty of the procedures shown.

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
PERICARDIUM		
Pericardiocentesis Initial	33010	[\$137]
Pericardiotomy for Removal of Clot or Foreign Body (Primary Procedure)	33020	[\$1,000]
Pericardiectomy(Independent Procedure), With or Without Bypass	33100	[\$2,000]
PACEMAKER		
Insertion of Permanent Pacemaker, With Epicardial Electrode by Thoracotomy	33200	[\$1,312]
CARDIAC VALVE		
Valvuloplasty, With Bypass:		
Aortic Valve	33400	[\$2,500]
Mitral Valve	33425	[\$2,812]
Tricuspid Valve	33460	[\$2,500]
Commissurotomy:		
With Bypass - Aortic Valve	33407	[\$2,593]
Closed - Mitral Valve	33420	[\$2,000]
Closed - Triscupid Valve	33450	[\$1,875]
Aortoplasty for Supraventricular Stenosis	33417	[\$2,687]
Triple Valve Replacement	33492	[\$3,750]
CORONARY ARTERY		
Anomalous Coronary Artery Ligation(With Angioplasty or Endarterectomy)	33502	[\$1,750]
Coronary Artery Bypass, Autogenous		
Single	33510	[\$2,625]
Triple	33512	[\$3,000]
Transverse Arch Graft of Thoracic Aortic Aneurysm	33870	[\$3,500]
HEART TRANSPLANT		
Replacement of Human Heart	33945	[\$6,250]
POST INFARCTION MYOCARDIAL		
Myocardial Resection	33542	[\$2,875]
Myocardial Operation Combined With Coronary Bypass Procedure	33560	[\$3,250]
PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION		
Subdural Tap Through Fontanelle(Infant), Initial, Unilateral or Bilateral	61000	[\$125]
CRANIUM AND CEREBRAL ARTERIES		
Injection for carotid angiography, unilateral	93542, 93543	[\$187]
Injection for angiography, bilateral	93545	[\$280]
Thromboendarterectomy, external carotid	35301, 35390	[\$1,125]
Burr holes for subdural hematoma	61154-61156	[\$1,687]
Craniotomy for subdural hematoma	61556	[\$1,875]
CRANIECTOMY OR CRANIOTOMY		
Exploratory; supratentorial	61304	[\$2,187]
Surgery of intracranial arteriovenous malformation	61680	[\$3,750]

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

INTENSIVE CARE BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Accident: A sudden and unforeseeable event that results in an Injury.

Intensive Care Unit: A specifically designed facility of the Hospital that provides the highest level of medical care; and which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the Intensive Care Unit. Intensive Care Unit does not mean any of these Step-Down Units: progressive care; sub-acute intensive care; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care. Intensive Care Unit does include a Step-Down Unit.

Step Down Unit: A specifically designed unit of the Hospital in which the patient needs constant monitoring, but does not meet the full standards for Intensive Care. A Step-Down Unit includes progressive care units; sub-acute intensive care units; intermediate care units; private monitored rooms; observation units; or other facilities which do not meet the standards for Intensive Care.

Injury: Bodily injury due to an Accident which:

- Results directly and independently of disease, bodily infirmity or any other causes;
- Solely, directly and independently of all other causes results in medical expenses;
- Occurs after the effective date of this Covered Person's coverage under this Rider; and
- Occurs while this Rider is in force.

All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, and are considered a single Injury.

Motor Vehicle: An automobile, motor home, bus, motorcycle, or a truck with a load capacity of two-thousand (2,000) pounds or less.

Sickness: Illness or disease.

INTENSIVE CARE BENEFIT

Subject to this Rider's thirty (30) day waiting period limitation, We will pay the benefit amount shown in the Rider Benefits Schedule for each day of a Covered Person's:

1. Intensive Care Unit Confinement;
2. Step-Down Unit Confinement; or
3. Intensive Care Unit Confinement Due To Motor Vehicle Accident.

INTENSIVE CARE BENEFIT CONTINUED

The benefit paid is subject to the following:

Intensive Care Unit Confinement: The benefit amount is paid for each day a Covered Person is confined in an Intensive Care Unit. Rider benefits are payable for an Intensive Care Unit confinement due to Injury or Sickness.

Step-Down Unit Confinement: If a Covered Person is confined in a Step-Down Unit, the benefit will be one-half (1/2) the amount of the Intensive Care Benefit Amount otherwise payable.

Intensive Care Unit Confinement Due to Motor Vehicle Accident: We will pay twice the amount of the Intensive Care Unit Benefit Amount otherwise payable if the Covered Person is confined within forty-eight (48) hours of an Accident in which the Covered Person is: (1) the operator or passenger of a Motor Vehicle; or (2) a fare paying passenger on any vehicle, boat, ship, aircraft or train. The amount paid for such confinement is in lieu of the Intensive Care Unit Benefit Amount otherwise payable.

The Intensive Care Benefit is limited to thirty (30) days of continuous confinement in connection with any one Hospital admission.

The Intensive Care Benefit Amount will be reduced by fifty percent (50%) at a Covered Person's attained age seventy (70).

RIDER EXCLUSIONS

This Rider does not provide benefits for:

- Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
- Injury by acts of war, whether declared or not.
- Attempted suicide while sane or insane.
- Injury sustained while committing or attempting to commit a felony.
- Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

WAITING PERIOD LIMITATION

This Rider has a thirty (30) day waiting period limitation. This means Rider benefits are payable when an Intensive Care confinement begins at least 30 days after a Covered Person's Effective Date of coverage under this Rider.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

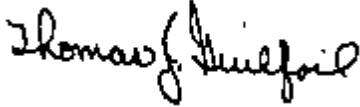
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease of the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

INTENSIVE CARE BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

	Benefit Amount
Intensive Care Unit Confinement	\$(XXX)/Day
Step-Down Unit Confinement - Benefit payable at 50% of Intensive Care benefit amount	\$(XX)/Day
Intensive Care Unit Confinement Due to Motor Vehicle Accident	\$(XXX)/Day

Benefits are subject to a 30-day waiting period. Benefits are limited to 30 days of confinement per any one hospital admission. Benefit amounts listed above will reduce by 50% when a Covered Person attains age 70.

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

TRANSPLANT BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply whenever the terms are used in the Rider.

Injury: Bodily injury caused by an accident exclusive of Sickness, which results in loss covered by this Rider. This loss must begin while coverage under this Rider is in force for the Covered Person.

Medically Necessary: A treatment, drug, device, procedure, supply or service that is necessary and appropriate for the diagnosis or treatment of Sickness or Injury in accordance with generally accepted standards of medical practice in the United States at the time it is provided.

The fact that a Doctor may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered by this Rider.

Sickness: Illness and disease that results in loss covered by this Rider. The loss must begin while coverage under this Rider is in force for the Covered Person.

TRANSPLANT RIDER BENEFIT PROVISIONS

We will pay benefits, as shown below, when due to Injury or Sickness, a transplant becomes Medically Necessary.

Organ Transplant

We will pay the Organ Transplant Benefit Amount, as shown on the Rider Benefits Schedule, if a Covered Person is the recipient of a human organ transplant because the organ can no longer adequately function causing a Covered Person to be at greater risk of death. This benefit excludes payment for a heart transplant.

Bone Marrow Transplant

We will pay the Bone Marrow Transplant Benefit Amount, as shown on the Rider Benefits Schedule, if a Covered Person is the recipient of a human bone marrow transplant. This benefit is not payable for a harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

Stem Cell Transplant

We will pay the Stem Cell Transplant Benefit Amount, as shown on the Rider Benefits Schedule, if a Covered person is the recipient of a human Stem Cell Transplant. This benefit is not payable for the harvesting, storage and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia.

Transplant Benefit Amount Increases

After this Rider has been in effect for one (1) year, We will increase the initial transplant benefit amounts, as shown on the Rider Benefits Schedule, by five percent (5%). We will continue to increase the current transplant benefit amounts by five percent (5%) on each subsequent Rider anniversary for a period not to exceed ten (10) years. Increases are limited to the organ, bone marrow and stem cell transplant benefits.

Donor Benefit

We will pay the Donor Benefit Amount, as shown on the Rider Benefits Schedule, to help pay toward donor expenses that are incurred on behalf of the Covered Person when a transplant covered under this Rider is performed. The Donor Benefit will be equal to fifty percent (50%) of the corresponding transplant benefit amount paid. Donations as a result of giving to science will not be covered. This benefit is not available when a donor is dying or the donor's surviving family members make a conscious decision to donate the organs.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

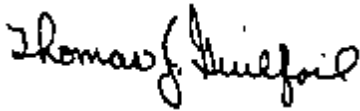
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

TRANSPLANT BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits are per Covered Person.

	Benefit Amount
Organ Transplant	[\$X,XXX]/Lifetime
Bone Marrow Transplant	[\$X,XXX]/Lifetime
Stem Cell Transplant	[\$X,XXX]/Lifetime
Donor Benefit	50% of corresponding transplant benefit amount

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

15 YEAR RETURN OF PREMIUM BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy's Effective Date.

RIDER DEFINITION

Return of Premium Period: The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 15 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

RETURN OF PREMIUM BENEFIT

This Rider provides a return of premium benefit. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was in force (except for any application and annual policy fees). The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

Age at Start of Return of Premium Period	Return of Premium Period	Payout Condition
18 – 65	15 years or until attaining age 75, whichever is earlier	You are alive at the end of each Return of Premium Period
66 – 79	Within 10 years of this Rider's Effective Date, or prior to age 85, whichever is later	You die during the Return of Premium Period
80+	Not Available	Not Available

The **Return of Premium Period** will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

CLAIM PROVISIONS

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured's death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

RENEWAL CONDITIONS

This Rider is renewed when the policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We will provide You with advance written notice in the time required by Your state.


RIDER TERMINATION

This Rider ends when the Policy to which it is attached ends.

CONDITIONS

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

20 YEAR RETURN OF PREMIUM BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy's Effective Date.

RIDER DEFINITION

Return of Premium Period: The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 20 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

RETURN OF PREMIUM BENEFIT

This Rider provides a return of premium benefit. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was in force (except for any application and annual policy fees). The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

Age at Start of Return of Premium Period	Return of Premium Period	Payout Condition
18 – 65	20 years or until attaining age 75, whichever is earlier	You are alive at the end of each Return of Premium Period
66 – 79	Within 10 years of this Rider's Effective Date, or prior to age 85, whichever is later	You die during the Return of Premium Period
80+	Not Available	Not Available

The Return of Premium Period will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

CLAIM PROVISIONS

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured's death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

RENEWAL CONDITIONS

This Rider is renewed when the policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We'll provide You with advance written notice in the time required by Your state.

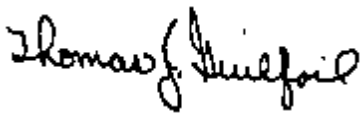
RIDER TERMINATION

This Rider ends on when the Policy to which it is attached ends.

CONDITIONS

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

25 YEAR RETURN OF PREMIUM BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy's Effective Date.

RIDER DEFINITION

Return of Premium Period: The Return of Premium Period begins on the Effective Date of this Rider and ends when the Rider is eligible for payment in 25 years. The Return of Premium Period will begin automatically again as long as you are less than age 80.

RETURN OF PREMIUM BENEFIT

This Rider provides a return of premium benefit. The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums You paid for the Policy during each Return of Premium Period, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was in force (except for any application and annual policy fees). The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

When the Return of Premium Benefit is eligible for payout is based upon Your age at the start of the Return of Premium Period (see table, below)

Age at Start of Return of Premium Period	Return of Premium Period	Payout Condition
18 – 65	25 years or until attaining age 75, whichever is earlier	You are alive at the end of each Return of Premium Period
66 – 79	Within 10 years of this Rider's Effective Date, or prior to age 85, whichever is later	You die during the Return of Premium Period
80+	Not Available	Not Available

The Return of Premium Period will start again automatically as long as You are less than age 80.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit that has already been paid.

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

CLAIM PROVISIONS

Proof of Death: Any benefits payable upon death will be paid when We receive completed proof of claim forms along with a certified copy of the insured's death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

RENEWAL CONDITIONS

This Rider is renewed when the policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We'll provide You with advance written notice in the time required by Your state.

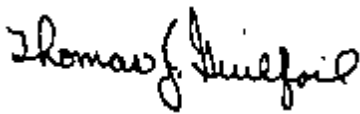
RIDER TERMINATION

This Rider ends when the Policy to which it is attached ends.

CONDITIONS

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

[(847) 699-0600]

RETURN OF PREMIUM UPON DEATH BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy's Effective Date.

RETURN OF PREMIUM BENEFIT

This Rider provides a return of premium benefit in the event of Your death within ten (10) years of this Rider's Effective date, or death occurs prior to Your age eighty-five (85), whichever is later.

The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums You paid for the Policy, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was in force (except for any application and annual policy fees). The sum of all premiums is without interest accumulation. **MINUS**
2. The sum of all benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Benefit Upon Death Benefit that has already been paid.

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

CLAIM PROVISIONS

Proof of Death: Any benefits payable upon terms of this Rider will be paid when We receive completed proof of claim forms along with a certified copy of the insured's death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

RENEWAL CONDITIONS

This Rider is renewed when the policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We'll provide You with advance written notice in the time required by Your state.

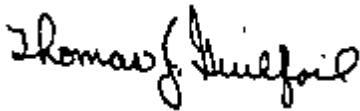
RIDER TERMINATION

This Rider ends when the Policy to which it is attached ends.

CONDITIONS

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

CANCER BENEFIT POLICY

POLICY SCHEDULE

POLICY NUMBER:	[GTA00012]	TYPE:	[FAMILY]
EFFECTIVE DATE:	[JANUARY 1, 2010]	AGE AT ISSUE:	[30]
INSURED:	[JOHN DOE]		
STATE OF ISSUE:	[ILLINOIS]		

POLICY WAITING PERIOD [30 DAYS]

	ANNUAL PREMIUMS
CANCER BENEFIT POLICY	[\$XXX.XX]
<u>OPTIONAL RIDERS</u>	
[CANCER LUMP SUM BENEFIT]	\$XXX.XXX]
[CANCER CHEMOTHERAPY AND RADIATION BENEFIT]	\$XXX.XXX]
[CANCER SURGICAL PROCEDURES BENEFIT]	\$XXX.XXX]
[HEART ATTACK OR STROKE BENEFIT]	\$XXX.XXX]
[HEART ATTACK OR STROKE LUMP SUM BENEFIT]	\$XXX.XXX]
[HEART ATTACK OR STROKE SURGICAL PROCEDURES BENEFIT]	\$XXX.XXX]
[TRANSPLANT BENEFIT]	\$XXX.XXX]
[THERAPY AND WELLNESS BENEFIT]	\$XXX.XXX]
[INTENSIVE CARE BENEFIT]	\$XXX.XXX]
[RETURN OF PREMIUM BENEFIT – [XX YEARS]	\$XXX.XXX]
[RETURN OF PREMIUM UPON DEATH BENEFIT]	\$XXX.XXX]
<u>POLICY FEE</u>	[\$XX.XX]
<u>TOTAL PREMIUM</u>	<u>[\$X,XXX.XX]</u>

* THE PREMIUM AMOUNT IS BASED ON THE AGE OF THE OLDEST INSURED. THE AGE AT ISSUE REPRESENTS THE AGE OF THE PRIMARY INSURE

CANCER BENEFIT POLICY

POLICY BENEFITS SCHEDULE

This is a summary of Policy benefits. Please read the entire contract for a full explanation of Policy benefits and limitations. All benefits are per Covered Person.

Hospital Confinement		
Days 1 through 90		\$(XXX)/day
Beginning with the 91 st consecutive day		\$(XXX)/day
Drugs and Medicines (During Hospital Confinement)		\$(XX)/day
Attending Doctor (During Hospital Confinement)		\$(XX)/visit
Screening Benefit (Once per Calendar Year)		\$(XX)/visit
Private Nurse (During Hospital Confinement)		\$(XXX)/day
Ambulance		
Ground transport, up to 4 trips per Calendar Year		\$(XXX)/trip
Air transport, once per Calendar Year		\$(X,XXX)/trip
Diagnostic Testing (Per Test, up to 2 tests per Calendar Year)		\$(XXX)/test
Skilled Nursing Facility		\$(XXX)/day
Hospice Care (Up to 6 months)		\$(XXX)/day
Transportation (Over 50 Miles)		
Coach Fare Air/Rail/Bus	Limited to 2 round trips/per person / per year	Up to \$2,000/per person/per round-trip
Private Vehicle	\$0.60/mile	Up to \$2,000/per round trip
Lodging		\$(XX)/day
Experimental Treatment (Lifetime Maximum)		\$(X,XXX)
Annual Check-Up Visit (Up to 5 annual visits)		\$(XX)/visit

SERFF Tracking Number:	GRTT-126936407	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	48233
Company Tracking Number:	AMHGTLCANAR		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Cancer Benefit Policy		
Project Name/Number:	GTL/AMHGTLCAN		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 03/18/2011	G1030 Rate pages	G1030AR, RG10CLS, RG10CR, RG10CSB, RG10CTW, RG10HAS, RG10HSLS, RG10HSSB, RG10IC, RG10T, RG10ROP15, RG10ROP20, RG10ROP25, RG10ROPD	New		G1030 Rate pages.pdf

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	1 Unit Issued		2 Units Issued		3 Units Issued		4 Units Issued		5+ Units Issued	
		<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
Cancer Benefit Policy* <i>Form Number G1030</i>	0-39	24.14	41.11	20.59	34.98	19.65	33.36	18.70	31.75	17.95	30.48
	40-49	26.28	44.74	22.23	37.85	21.22	36.14	20.21	34.41	19.40	33.03
	50-54	31.77	54.52	26.75	45.69	25.53	43.63	24.31	41.55	23.34	39.89
	55-59	38.91	66.58	32.92	56.34	31.43	53.78	29.92	51.22	28.72	49.17
	60-64	50.18	85.36	42.38	72.22	40.47	68.90	38.56	65.58	37.02	62.96
	65-69	54.79	93.30	46.37	78.95	44.25	75.36	42.14	71.78	40.46	68.90
	70-80	76.30	129.68	64.56	109.73	61.62	104.74	58.69	99.76	56.34	95.77
Cancer Lump Sum Benefit Rider <i>Form Number RG10CLS</i>	0-39	10.43	17.75	8.90	15.10	8.49	14.40	8.08	13.70	7.75	13.15
	40-49	11.35	19.31	9.61	16.34	9.17	15.60	8.73	14.85	8.38	14.26
	50-54	13.48	23.12	11.34	19.37	10.82	18.50	10.31	17.62	9.90	16.92
	55-59	16.50	28.24	13.96	23.89	13.33	22.80	12.69	21.71	12.19	20.85
	60-64	21.54	36.63	18.19	30.99	17.37	29.57	16.54	28.14	15.88	27.02
	65-69	23.52	40.04	19.90	33.88	19.00	32.34	18.10	30.80	17.37	29.57
	70-80	33.33	56.62	28.19	47.91	26.92	45.73	25.63	43.55	24.61	41.81
Cancer Radiation and Chemotherapy Benefit Rider <i>Form Number RG10CR</i>	0-39	26.65	45.53	22.73	38.73	21.69	36.94	20.65	35.15	19.83	33.75
	40-49	29.02	49.52	24.55	41.91	23.44	40.01	22.32	38.09	21.43	36.56
	50-54	33.14	56.76	28.04	48.03	26.77	45.86	25.49	43.67	24.47	41.92
	55-59	37.25	64.00	31.52	54.15	30.09	51.70	28.66	49.24	27.51	47.27
	60-64	41.67	71.27	35.20	60.29	33.61	57.53	32.01	54.76	30.73	52.57
	65-69	45.50	77.90	38.50	65.92	36.75	62.93	35.00	59.93	33.61	57.53
	70-80	52.57	90.07	44.47	76.21	42.46	72.74	40.44	69.28	38.82	66.51
Cancer Surgical Procedures Benefit Rider <i>Form Number RG10CSB</i>	0-39	19.63	33.36	16.74	28.39	15.98	27.08	15.20	25.76	14.59	24.74
	40-49	21.36	36.30	18.07	30.72	17.26	29.33	16.43	27.93	15.77	26.81
	50-54	25.45	43.67	21.44	36.60	20.46	34.94	19.48	33.28	18.70	31.94
	55-59	31.17	53.33	26.38	45.12	25.18	43.08	23.98	41.02	23.02	39.38
	60-64	40.38	68.66	34.10	58.08	32.56	55.42	31.02	52.75	29.78	50.63
	65-69	44.09	75.05	37.30	63.50	35.61	60.62	33.91	57.73	32.56	55.42
	70-80	60.64	103.06	51.32	87.20	48.98	83.24	46.64	79.28	44.77	76.11

* Policy Fee = \$55.00

Modal Loadings:
 Annual 1.000
 Semi-Annual 0.520
 Quarterly 0.265
 Monthly 0.090

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	1 Unit Issued		2 Units Issued		3 Units Issued		4 Units Issued		5+ Units Issued	
		<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
Heart Attack or Stroke Benefit Rider <i>Form Number RG10HAS</i>	0-39	25.09	43.90	18.51	32.11	16.47	28.36	14.41	24.61	13.83	23.63
	40-49	38.84	66.05	28.24	48.03	24.98	42.47	21.70	36.89	20.82	35.42
	50-54	64.33	109.90	48.05	82.27	42.04	72.24	35.99	62.19	34.55	59.71
	55-59	83.64	143.14	61.65	105.50	54.07	92.52	46.48	79.52	44.62	76.34
	60-64	100.89	172.57	71.85	122.55	63.97	109.20	56.11	95.83	53.86	92.00
	65-69	116.80	198.91	83.29	141.86	74.10	126.20	64.89	110.51	62.29	106.09
	70-80	146.81	249.52	108.22	183.92	94.90	161.29	81.56	138.62	78.30	133.07
Heart Attack or Stroke Lump Sum Benefit Rider <i>Form Number RG10HSLs</i>	0-39	4.90	8.55	3.60	6.26	3.20	5.53	2.81	4.80	2.70	4.61
	40-49	7.57	12.87	5.51	9.37	4.86	8.28	4.22	7.19	4.05	6.90
	50-54	12.56	21.47	9.38	16.07	8.20	14.11	7.03	12.15	6.75	11.66
	55-59	16.34	27.95	12.04	20.61	10.56	18.07	9.08	15.52	8.71	14.91
	60-64	20.11	34.40	14.32	24.42	12.76	21.76	11.19	19.10	10.74	18.34
	65-69	23.29	39.64	16.60	28.27	14.77	25.15	12.94	22.02	12.42	21.14
	70-80	30.00	50.96	22.11	37.57	19.39	32.95	16.67	28.31	15.99	27.18
Heart Attack or Stroke Surgical Procedures Benefit Rider <i>Form Number RG10HSSB</i>	0-39	17.48	30.57	12.90	22.34	11.47	19.75	10.04	17.13	9.64	16.45
	40-49	27.06	45.98	19.67	33.43	17.40	29.56	15.11	25.68	14.51	24.65
	50-54	45.10	77.02	33.69	57.66	29.46	50.63	25.24	43.58	24.24	41.84
	55-59	58.62	100.31	43.22	73.94	37.90	64.84	32.57	55.73	31.27	53.51
	60-64	71.63	122.47	51.01	86.98	45.43	77.50	39.84	68.01	38.25	65.30
	65-69	82.92	141.17	59.14	100.67	52.60	89.55	46.07	78.43	44.22	75.30
	70-80	103.70	176.22	76.43	129.89	67.02	113.89	57.61	97.90	55.31	93.98
Transplant Benefit Rider <i>Form Number RG10T</i>	0-39	26.26	44.21	22.40	37.61	21.38	35.88	20.34	34.14	19.53	32.78
	40-49	28.59	48.10	24.19	40.70	23.09	38.85	21.99	37.00	21.11	35.52
	50-54	31.00	52.59	26.23	44.50	25.03	42.48	23.84	40.46	22.89	38.84
	55-59	33.40	57.08	28.26	48.30	26.97	46.11	25.69	43.91	24.66	42.15
	60-64	38.48	65.42	32.49	55.34	31.03	52.80	29.56	50.26	28.38	48.25
	65-69	42.01	71.51	35.55	60.51	33.94	57.76	32.32	55.01	31.02	52.81
	70-80	52.61	89.40	44.52	75.65	42.49	72.22	40.47	68.77	38.85	66.02

Modal Loadings:
 Annual 1.000
 Semi-Annual 0.520
 Quarterly 0.265
 Monthly 0.090

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		<u>Individual</u>	<u>Family</u>
Intensive Care Benefit Rider <i>Form Number RG10IC</i>	0-49	10.74	21.37
	50-59	16.12	28.57
	60-69	24.02	41.95
	70-80	35.62	61.73
Therapy and Wellness Benefit Rider <i>Form Number RG10CTW</i>	0-49	19.87	35.48
	50-59	21.30	36.47
	60-69	23.87	40.66
	70-80	29.84	50.71

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Return of Premium Benefit Rider

Form Numbers RG10ROP15, RG10ROP20, RG10ROP25

<u>Issue Age*</u>	<u>Return of Premium Period</u>	<u>Rate per \$1 of annual premium**</u>
0-65	15 years	0.80
	20 years	0.55
	25 years	0.40
66-79	15 years	0.25
	20 years	0.25
	25 years	0.25

* Rates applied based on original issue age of policy

** Rider factor applied to total policy premium including any other riders

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Return of Premium Upon Death Benefit Rider

Form Number RG10ROPD

Issue <u>Age</u>	Rate per \$1 of annual <u>premium*</u>
All ages	0.25

* Rider factor applied to total policy premium including any other riders

Modal Loadings:	
Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

SERFF Tracking Number:	GRTT-126936407	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	48233
Company Tracking Number:	AMHGTLCANAR		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Cancer Benefit Policy		
Project Name/Number:	GTL/AMHGTLCAN		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: G1030 Arkansas Rule Reg 19.pdf G1030 Arkansas Rule Reg 49.pdf G1030AR Readability signed.pdf GTL CONSUMER NOTICE.pdf	Approved-Closed	03/18/2011
Satisfied - Item: Application Comments: Attachment: APPH1 11.pdf	Approved-Closed	03/18/2011
Satisfied - Item: Outline of Coverage Comments: Attachments: OCG1030AG.pdf OCG1030A18.pdf	Approved-Closed	03/18/2011
Satisfied - Item: Statement of Variability Comments: Attachment: G1030AR Statement of Variability.pdf	Approved-Closed	03/18/2011

Arkansas

Rule and Regulation 19 Certification

<u>Form(s)</u>	<u>Form Number(s)</u>
G1030	Cancer Benefit Policy
APPH1 11	Application
OCG1030AG	Outline of Coverage, Plans A-G
OCG1030A18	Outline of Coverage, Plans A+1-A+8
RG10CLS	Cancer Lump Sum Benefit Rider
RG10CR	Cancer Chemotherapy and Radiation Benefit Rider
RG10CSB	Cancer Surgical Procedures Benefit Rider
RG10CTW	Therapy and Wellness Benefit Rider
RG10HAS	Heart Attack or Stroke Benefit Rider
RG10HSLs	Heart Attack or Stroke Lump Sum Benefit Rider
RG10HSSB	Heart Attack or Stroke Surgical Procedures Benefit Rider
RG10IC	Intensive Care Benefit Rider
RG10T	Transplant Benefit Rider
RG10ROP15	15 Year Return of Premium Benefit Rider
RG10ROP20	20 Year Return of Premium Benefit Rider
RG10ROP25	25 Year Return of Premium Benefit Rider
RG10ROPD	Return of Premium Upon Death Benefit Rider

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 19, the Unfair sex Discrimination of the State of Insurance.

Signature

Michelle Miller

Name

Compliance Analyst

Title

Arkansas

Rule and Regulation 49 Certification

<u>Form(s)</u>	<u>Form Number(s)</u>
G1030	Cancer Benefit Policy
APPH1 11	Application
OCG1030AG	Outline of Coverage, Plans A-G
OCG1030A18	Outline of Coverage, Plans A+1-A+8
RG10CLS	Cancer Lump Sum Benefit Rider
RG10CR	Cancer Chemotherapy and Radiation Benefit Rider
RG10CSB	Cancer Surgical Procedures Benefit Rider
RG10CTW	Therapy and Wellness Benefit Rider
RG10HAS	Heart Attack or Stroke Benefit Rider
RG10HSLs	Heart Attack or Stroke Lump Sum Benefit Rider
RG10HSSB	Heart Attack or Stroke Surgical Procedures Benefit Rider
RG10IC	Intensive Care Benefit Rider
RG10T	Transplant Benefit Rider
RG10ROP15	15 Year Return of Premium Benefit Rider
RG10ROP20	20 Year Return of Premium Benefit Rider
RG10ROP25	25 Year Return of Premium Benefit Rider
RG10ROPD	Return of Premium Upon Death Benefit Rider

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 49, the Life & Health Guaranty Association Notice.

Signature

Michelle Miller

Name

Compliance Analyst

Title

READABILITY COMPLIANCE CERTIFICATION

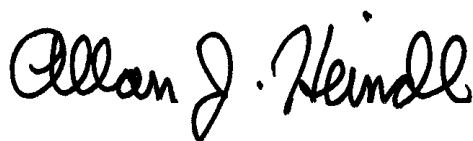
Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025

I hereby certify that the Flesch Reading Ease Test Score of the listed forms are as follows:

Form Number(s)	Type and/or Title of Form(s)	Flesch Score
G1030AR	Cancer Benefit Policy	42.5
APPH1 11	Application	45.3
OCG1030AG	Outline of Coverage Plans A-G	42.1
OCG1030A18	Outline of Coverage Plans A+1-A+8	41.7
RG10CLS	Cancer Lump Sum Benefit Rider	47.3
RG10CR	Cancer Chemotherapy and Radiation Benefit Rider	52.5
RG10CSB	Cancer Surgical Procedures Benefit Rider	51.4
RG10CTW	Therapy and Wellness Benefit Rider	41.2
RG10HAS	Heart Attack or Stroke Benefit Rider	43.3
RG10HSLs	Heart Attack or Stroke Lump Sum Benefit Rider	49.9
RG10HSSB	Heart Attack or Stroke Surgical Procedures Benefit Rider	41.2
RG10IC	Intensive Care Benefit Rider	45.8
RG10T	Transplant Benefit Rider	50.9
RG10ROP15	15 Year Return of Premium Benefit Rider	49.9
RG10ROP20	20 Year Return of Premium Benefit Rider	49.9
RG10ROP25	25 Year Return of Premium Benefit Rider	49.9
RG10ROPD	Return of Premium Upon Death Benefit Rider	48.9

The type size of the text is at least 10-pointed leaded.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department of this state.



Signature

Allan J. Heindl

Name

Vice President, Product Approval and Compliance

Title

CONSUMER NOTICE
GUARANTEE TRUST LIFE INSURANCE COMPANY

Policyholder Service Office of Company: Guarantee Trust Life Insurance Company
Address: 1275 Milwaukee Avenue, Glenview, Illinois 60025
Telephone Number: 847-699-0600

Agent: [Fred Smith]
Address: [123 First Street, Any Town, Arkansas]
Telephone Number: [555-555-1234]

If we at Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2640
(800) 852-5494

Please direct your inquiries as to this bulletin to the Legal Division of this Department at (501) 371-2820.

APPLICATION FOR CANCER, HEART ATTACK or STROKE INSURANCE
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025 [(800) 338-7452]

AGENT NOTE: Please pre-qualify the Applicant(s) with Section C prior to completing the application.

Application for: ☐ New Coverage ☐ Reinstatement ☐ Increase of Benefits ☐ Conversion
If Reinstatement, conversion or Increase requested, please print GTL policy/certificate number(s) affected:

A. APPLICANT(S) INFORMATION

A P P L S P O U S E	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>1. Last Name</div> <div>2. First Name</div> <div>3. M.I.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4. Soc. Sec #</div> <div>5. Sex</div> <div>6. Age</div> <div>7. Birth Date</div> </div>						
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>8. Last Name</div> <div>9. First Name</div> <div>10. M.I.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>11. Soc. Sec #</div> <div>12. Sex</div> <div>13. Age</div> <div>14. Birth Date</div> </div>						
D E P E N D E N T S	D1. <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Last Name</div> <div>First Name</div> <div>M.I.</div> <div>Sex</div> <div>Age</div> <div>Birth Date</div> </div>						
	D2. <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Last Name</div> <div>First Name</div> <div>M.I.</div> <div>Sex</div> <div>Age</div> <div>Birth Date</div> </div>						
	D3. <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Last Name</div> <div>First Name</div> <div>M.I.</div> <div>Sex</div> <div>Age</div> <div>Birth Date</div> </div>						
	D4. <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Last Name</div> <div>First Name</div> <div>M.I.</div> <div>Sex</div> <div>Age</div> <div>Birth Date</div> </div>						
	<i>For additional dependents, please attach a separate piece of paper, signed by the applicant, including the above information for each dependent.</i>						
C O N T A C T	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>15. Telephone (Day)</div> <div>16. Telephone (Night)</div> </div>						
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>17. Street Address</div> <div>18. E-Mail Address</div> </div>						
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>19. City</div> <div>20. State</div> <div>21. Zip Code</div> </div>						
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>22. County</div> <div>23. Township</div> <div>24. Section</div> </div>						

[B. COVERAGE SELECTION & PREMIUMS

<div style="border-bottom: 1px solid black; padding: 5px;">1. <u>PlanType:</u> <input type="checkbox"/> Individual <input type="checkbox"/> Family</div> <div style="border-bottom: 1px solid black; padding: 5px;">2. <input type="checkbox"/> <u>Cancer Policy (G1030):</u> <i>Coverage includes Rider Benefits For: Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care; Lump Sum Payment; & Heart Attack/Stroke (including Surgical Procedures and Lump Sum Payment)]</i></div> <div style="border-bottom: 1px solid black; padding: 5px;">2a. <input type="checkbox"/> <u>Cancer Policy (G1030)</u> <i>Coverage includes Rider Benefits For: Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care and Lump Sum Payment]</i></div> <div style="border-bottom: 1px solid black; padding: 5px;">2b. <input type="checkbox"/> <u>Heart Attack / Stroke Policy (G1031):</u> <i>Coverage includes Rider Benefits for Surgical Procedures; Transplants; Intensive Care; and Lump Sum Payment]</i></div> <div style="border-bottom: 1px solid black; padding: 5px;">3. <u>[Benefit Plan (Hospital Confinement Benefit Per Day):</u> <input type="checkbox"/> A [(\$250)] <input type="checkbox"/> B [(\$375)] <input type="checkbox"/> C [(\$500)] <input type="checkbox"/> D [(\$625)] <input type="checkbox"/> E [(\$750)] <input type="checkbox"/> F [(\$875)] <input type="checkbox"/> G [(\$1,000)] <input type="checkbox"/> A+ _____ [(\$125)] <i>available with G1030 only</i>)]</div>	<div style="border-bottom: 1px solid black; padding: 5px;">4. <u>[Therapy and Wellness Rider RG10CTW:]</u> Units__</div> <div style="border-bottom: 1px solid black; padding: 5px;">5. <u>[Return of Premium Rider:]</u> <input type="checkbox"/> 15 Years] <input type="checkbox"/> 20 Years] <input type="checkbox"/> 25 Years] <input type="checkbox"/> Death Prior to Age 85]</div> <div style="border-bottom: 1px solid black; padding: 5px;">6. <u>[Premium Payment Mode:]</u> <input type="checkbox"/> Monthly Bank Draft] [Draft/Bill Date:_____]] <input type="checkbox"/> Quarterly] <input type="checkbox"/> Annual] <input type="checkbox"/> Semi Annual] <input type="checkbox"/> Credit Card]</div> <div style="border-bottom: 1px solid black; padding: 5px;">7. <u>[Beneficiary / Relationship Section:]</u></div> <div style="border-bottom: 1px solid black; padding: 5px;">8. <u>[Policy Fee:_____ Premium:_____ Total:_____]</u></div>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C. PRE-QUALIFICATION, MEDICAL INFORMATION & EXCLUSIONS

- 1). Has any person to be insured been diagnosed as having, received medication for or been treated by a medical practitioner for Leukemia, Hodgkin's Disease, malignant melanoma, sarcoma or any internal cancer, or had radiation or chemotherapy for any of these conditions:
 - a. Within the past 5 years?
 - b. Between the past 5-10 years?**NOTE:** Cancer treated 5-10 years ago is eligible for Plan A+ only (Treated over 10 years ago is eligible for any plan)
- 2). In the past 10 years has any person to be insured had, ever been diagnosed as having, received medication for or been treated by a medical practitioner for:
 - a. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Condition (ARC)?
 - b. Heart Attack, heart bypass, angioplasty or stent placement, angina, stroke, or Transient Ischemic Attack (TIA)?
 - c. Renal failure, dialysis treatment, cirrhosis or chronic liver disease?
- 3). For any of the above conditions which benefits are being applied for, within the past 24 months, has any person to be insured been advised to seek treatment or medical advice from a practitioner but has not done so or experienced any symptoms that would have caused an ordinarily prudent person to seek advice from a medical practitioner?

Applicant's Answers

Question	YES	NO	Action
1.a.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, applicant does not qualify for cancer benefits. Submit for Heart Attack / Stroke Policy Base
1.b.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, eligible for Plan A+ ONLY
2.a.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, do not submit application
2.b.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, applicant does not qualify for Heart Attack or Stroke Plan Benefits
2.c.	<input type="checkbox"/>	<input type="checkbox"/>	If yes, applicant does not qualify for Organ Transplant Benefits
3.	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do not submit application

Spouse's Answers

Question	YES	NO	Action
1.a.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, spouse is excluded from cancer benefits
1.b.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, spouse is eligible for Plan A+ ONLY
2.a.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, spouse is excluded from the plan
2.b.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, spouse is excluded from Heart Attack/Stroke benefits
2.c.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, spouse is excluded from Organ Transplant benefits
3.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, spouse is excluded from the plan

Dependent's Answers

Question	YES	NO	Action
1.a.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, dependent(s) _____ is/are excluded from cancer benefits
1.b.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, dependent(s) _____ is/are eligible for Plan A+ ONLY
2.a.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, dependent(s) _____ is/are excluded from the plan
2.b.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, dependent(s) _____ is/are excluded from Heart Attack/Stroke benefits
2.c.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, dependent(s) _____ is/are excluded from Organ Transplant benefits
3.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, dependent(s) _____ is/are excluded from the plan

D. COVERAGE INFORMATION

1. Will any existing in force health insurance be replaced or changed if the proposed coverage is issued? (If "YES," please complete the Replacement Form.) If "YES," with which company? _____ Policy Number: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------	--------------------------------

AGENT STATEMENT

I certify that I have accurately recorded the information supplied by the Applicant(s). I am not aware of any additional information which may have a bearing on the insurability of anyone proposed for insurance on this application and any supplement to it. I have advised the applicant not to withhold any information relative to this application and its questions. I have advised the applicant to review the application for completeness and accuracy and that no coverage is in effect until they are notified in writing by Guarantee Trust Life Insurance Company. To the best of my knowledge and belief, the insurance applied for ☐ is or ☐ is not likely to replace or change existing health insurance.

Agent's Name (Printed) _____

Agent Code _____

Agent's Signature _____

Date _____

ACKNOWLEDGEMENTS & AUTHORIZATION

ALL STATEMENTS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE, TO THE BEST OF [MY (OUR)] KNOWLEDGE AND BELIEF [I (WE)] UNDERSTAND THAT THE STATEMENTS FORM THE BASIS UPON WHICH INSURANCE WILL BE MADE EFFECTIVE. [I (WE)] UNDERSTAND THAT OMISSIONS, MISREPRESENTATIONS OR MISSTATEMENTS COULD RESULT IN DENIAL OF AN OTHERWISE VALID CLAIM AND/OR RESCISSION, VOIDING, OR REFORMATION OF INSURANCE.

[I (We)] understand that any changes in [my (our)] health conditions or that of [my (our)] dependents (if applying for dependent coverage), from the date of this application until insurance becomes effective, may result in the declination of [my (our)] coverage. No agent or other representative of GTL has required, permitted, or encouraged [me (us)] to answer any question inaccurately or has waived any conditions of this application. [I (We)] have received a copy of the Pre-Notice which describes how information is obtained and used by GTL, the outline of coverage, and if applicable, the Guide to Health Insurance for people with Medicare. If this application is completed electronically, [I (We)] understand the Pre-Notice and outline of coverage can be delivered electronically. [I (We)] understand that insurance applied for will not become effective until: (a) approved and issued by GTL; (b) [I (We)] have been furnished written notice of the effective date; and (c) premiums have been paid in full.

If this is a conversion, the new coverage will be treated as a renewal of any current Cancer/Specified Disease coverage with Guarantee Trust Life. Any loss that begins before the effective date of the new coverage will be considered within the limit of benefits contained within both new and converted coverage, subject to the applicable Time Limit On Certain Defenses provision. If the new coverage includes an increase in benefit amounts, the Waiting Period will apply only to the amount of benefits in excess of the benefit amounts under the converted policy. The Waiting Period for the increase in benefit amounts begins with the Effective Date of the new coverage.

AUTHORIZATION: [I (We)] authorize Guarantee Trust Life Insurance Company (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my (our) physical condition, other coverage and any other information needed to underwrite my (our) application for insurance such as criminal or motor vehicle records. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction (except psychotherapy notes), such information or records from any doctor, health professional, hospital, clinic, Veterans Administration, insurance company or other person or organization which has such information including any information provided to any affiliate insurance company on previous applications and any information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from the MIB, Inc. This Authorization includes all information about drugs, alcoholism, and mental illness. [I (We)] understand and agree that the Company or its representatives may conduct a phone interview or face-to-face assessment as part of the underwriting process. [I (We)] agree that this Authorization will be valid for 24 months from the date signed, and know that [I (We)] or [my (our)] authorized representative may have a photocopy of it.

[I (We)] understand that [I (we)] have the right to revoke this Authorization, in writing, at any time by sending written notification to [my (our)] agent or to the Company at the above address. [I (We)] understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or, so long as GTL has a legal right to contest a claim under the coverage or the coverage itself. Revocation requests should be sent in writing to [my (our)] agent or to the attention of the Underwriting Manager.

[I (We)] understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by GTL in accordance with federal or state law. [I (We)] also understand that [my (our)] application for insurance can be declined if [I (we)] choose not to sign this Authorization.

[I (We)] understand that the coverage applied for is not intended to be a small group health plan. I further understand that this plan is intended to supplement existing hospital, medical expense, major medical or comprehensive health coverage and is not a substitute for such coverage.

I am applying as an individual and will be individually underwritten.

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Signed at _____
Date City and State

Applicant Signature

[Spouse Signature (if applicable)]

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue
Glenview, Illinois 60025

SPECIFIED DISEASE COVERAGE

CANCER BENEFIT POLICY FORM NUMBER G1030

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE POLICY FORM OCG1030AG

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

PLEASE READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY.**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFIT ELIGIBILITY

In order for a benefit to become payable under the policy, Cancer must be First Diagnosed in one of the following ways:

- 1. Pathological Diagnosis:** A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.
- 2. Clinical Diagnosis:** A clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the Covered Person's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the Covered Person for Cancer.
- 3. Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

Waiting Period - This is the number of days after the covered person's effective date, before we will pay benefits for loss due to cancer. The waiting period, if any, will be shown on the policy schedule page. If the First Diagnosis of Cancer is made during the waiting period, the insured has the option to cancel the policy and receive a refund of all premiums paid.

CANCER POLICY BENEFITS

Subject to the policy waiting period, definitions, limitations, exclusions and other provisions of the policy, we will pay the following benefits, dependent upon the benefit plan you choose, for the loss resulting from a first diagnosis of cancer.

Base Policy Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Hospital Confinement – For each day of hospital confinement							
Beginning with day 1 through day 90	\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day
Beginning with the 91 st consecutive day	\$500/day	\$750/day	\$1,000/day	\$1,250/day	\$1,500/day	\$1,750/day	\$2,000/day
Hospice Care – For each day care/services are received by or through Hospice							
Beginning with day 1 through day 90	\$125/day	\$187.50/day	\$250/day	\$312.50/day	\$375/day	\$437.50/day	\$500/day
Days 91 through day 180	\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day

Base Policy Benefits Continued	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Diagnostic Testing – For diagnostic x-rays and laboratory tests involved with a positive diagnosis of a new Cancer	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000
Drugs and Medicines – During hospital confinement.	\$100/day	\$150/day	\$200/day	\$250/day	\$300/day	\$350/day	\$400/day
Attending Doctor – For services while hospital confined	\$50/day	\$75/day	\$100/day	\$125/day	\$150/day	\$175/day	\$200/day
Screening Benefit – For a physician visit in which diagnosis testing is performed	\$100/day	\$150/day	\$200/day	\$250/day	\$300/day	\$350/day	\$400/day
Private Nurse – For full-time services of a nurse while hospital confined, other than those nursing services provided by hospital	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day
Ambulance – For transportation to or from a hospital where you are confined as an inpatient – benefit limited to 4 times per year for surface ambulance and once per year for air ambulance	\$250/surface trip \$1500/air trip	\$250/surface trip \$1500/air trip	\$250/surface trip \$1500/air trip	\$250/surface trip \$1500/air trip	\$250/surface trip \$1500/air trip	\$250/surface trip \$1500/air trip	\$250/surface trip \$1500/air trip
Skilled Nursing – For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day
Transportation – For coach fare for a round trip (air, rail, bus) or by a private vehicle for you and an adult companion to a treatment facility more than 50 miles from your home.	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground
Lodging – For lodging expense incurred by a Covered Person or adult traveling companion while you are confined for treatment that is more than 50 miles from your home	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day
Experimental Treatment – For approved experimental treatments (drugs, surgery or therapy) received in the U.S.	\$5,000 Lifetime	\$7,500 Lifetime	\$10,000 Lifetime	\$12,500 Lifetime	\$15,000 Lifetime	\$17,500 Lifetime	\$20,000 Lifetime
Annual Check Up – For annual check-ups after a positive diagnosis of cancer per calendar year – limited to five times	\$250/per check-up	\$375/per check up	\$500/per check up	\$625/per check up	\$750/per check-up	\$875/per check up	\$1,000/per check up
Waiver of Premium - Premium payments will not be required if you are diagnosed as having cancer after the waiting period and while covered under the policy and are disabled for more than 90 consecutive days.	Included	Included	Included	Included	Included	Included	Included
Optional Riders Available in Each Plan	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Cancer Lump Sum Benefit Rider – Pays the benefit when a covered person is first diagnosed as having internal cancer. It is payable once per covered person.	\$1,500	\$2,000	\$2,500	\$3,500	\$4,000	\$4,500	\$5,000

Optional Riders Available Continued		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Cancer Radiation and Chemotherapy Benefit Rider Pays benefits for radiation and chemotherapy treatments. In addition benefits are provided for Anti-Nausea Drugs, Immunotherapy, Supportive Drugs and Transfusions.	Chemo – Oral: Up to 3 meds	\$200/month	\$300/month	\$400/month	\$500/month	\$600/month	\$700/month	\$800/month
	Chemo - Injected:	\$200/day	\$300/day	\$400/day	\$500/day	\$600/day	\$700/day	\$800/day
	Radiation:	\$200/day	\$300/day	\$400/day	\$500/day	\$600/day	\$700/day	\$800/day
	Anti Nausea:	\$100/month	\$150/month	\$200/month	\$250/month	\$300/month	\$350/month	\$400/month
	Immunotherapy:	\$250/month	\$375/month	\$500/month	\$625/month	\$750/month	\$875/month	\$1,000/month
	Lifetime Max of:	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000
	Supportive Drugs:	\$50/month	\$75/month	\$100/month	\$125/month	\$150/month	\$175/month	\$200/month
	Transfusion:	\$150/day	\$225/day	\$300/day	\$375/day	\$450/day	\$525/day	\$600/day
Cancer Surgical Benefits Procedures Benefit Rider Provides benefits for inpatient or outpatient surgery. Per surgical schedule up to a maximum per surgery. An Anesthesia Benefit, a benefit for Second & Third Surgical Opinions, a Skin Cancer Benefit and a Prosthesis Benefit are also included.	Surgical Procedure:	\$7,500/max per surgery benefit	\$11,250/max per surgery	\$15,000/max per surgery	\$18,750/max per surgery	\$22,500/max per surgery	\$26,250/max per surgery	\$30,000/max per surgery
	Anesthesia	Up to \$2,250/ per surgery	Up to \$3,375/ per surgery	Up to \$4,500/ per surgery	Up to \$5,625/ per surgery	Up to \$6,750/ per surgery	Up to \$7,875/ per surgery	Up to \$9,000/ per surgery
	Surgical Opinions	\$300	\$300	\$300	\$300	\$300	\$300	\$300
	Prosthetics - Surgical:	\$2,500	\$3,750	\$5,000	\$6,250	\$7,500	\$8,750	\$10,000
	Skin Cancer-per Surgery:	\$300	\$450	\$600	\$750	\$900	\$1,050	\$1,200
	Non-Surgical	\$625	\$937.50	\$1,250	\$1,562	\$1,875	\$2,187	\$2,500
Heart Attack or Stroke Benefit Rider This rider provides the following benefits:								
Hospital Confinement – For each day of hospital confinement								
Beginning with day 1 through day 90		\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day
Beginning with the 91 st consecutive day		\$500/day	\$750/day	\$1,000/day	\$1,250/day	\$1,500/day	\$1,750/day	\$2,000/day
Hospice Care – For each day care/services are received by or through Hospice								
Beginning with day 1 through day 90		\$125/day	\$187.50/day	\$250/day	\$312.50/day	\$375/day	\$437.50/day	\$500/day
Beginning with the 91 st consecutive day		\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day
Diagnostic Testing – For diagnostic x-rays and laboratory tests involved for a heart attack/stroke		\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000
Drugs and Medicines – During hospital confinement.		\$100/day	\$150/day	\$200/day	\$250/day	\$300/day	\$350/day	\$400/day
Attending Doctor – For services while hospital confined		\$50/day	\$75/day	\$100/day	\$125/day	\$150/day	\$175/day	\$200/day
Screening Benefit – For a physician visit in which diagnosis testing is performed		\$100/day	\$150/day	\$200/day	\$250/day	\$300/day	\$350/day	\$400/day
Private Nurse – For full-time services of a nurse while hospital confined, other than those nursing services provided by hospital		\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day
Ambulance – For transportation to or from a hospital where you are confined as an inpatient – benefit.		\$250/ surface trip \$1500/air trip	\$250/ surface trip \$1500/air trip	\$250/ surface trip \$1500/air trip	\$250/ surface trip \$1500/air trip	\$250/ surface trip \$1500/air trip	\$250/ surface trip \$1500/air trip	\$250/ surface trip \$1500/air trip

Optional Riders Available Continued	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Heart Attack or Stroke Benefit Rider (CONT) Skilled Nursing – For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day
Transportation – For coach fare for a round trip (air, rail, bus) or by a private vehicle for you and an adult companion to a treatment facility more than 50 miles from your home.	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground
Lodging – For lodging expense incurred by a family member while you are confined for treatment that is more than 50 miles from your home.	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day
Annual Check Up – For annual check-ups after a heart attack or stroke per calendar year – limited to five times	\$250/per check up	\$375/per check up	\$500/per check up	\$625/per check up	\$750/per check up	\$875/per check up	\$1,000/per check up
Waiver of Premium - Premium payments will not be required if you are diagnosed as having a heart attack or stroke after the waiting period and while covered under the policy and are disabled for more than 90 consecutive days.	Included	Included	Included	Included	Included	Included	Included
Heart Transplant Benefit – pays a benefit for a human heart transplant. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to take place on each policy anniversary for a period not to exceed 10 years.	\$12,500	\$18,750	\$25,000	\$31,250	\$37,500	\$43,750	\$50,000
Transfusion Benefit – pay for a transfusion which is needed as a direct result of a heart attack or stroke.	\$150/per day	\$225/per day	\$300/per day	\$375/per day	\$450/per day	\$525/per day	\$600/per day
Heart Attack or Stroke Lump Sum Benefit Rider – Pays the benefit when a covered person is first diagnosed as having a heart attack or stroke. A benefit is also provided for a Coronary Angioplasty.	\$1,500 \$150/ Angioplasty	\$2,000 \$200/ Angioplasty	\$2,500 \$250/ Angioplasty	\$3,500 \$350/ Angioplasty	\$4,000 \$400/ Angioplasty	\$4,500 \$450/ Angioplasty	\$5,000 \$500/ Angioplasty
Heart Attack or Stroke Surgical Benefits Procedures Benefit Rider Provides benefits for inpatient or outpatient surgery. Per surgical schedule up to a maximum per surgery. An Anesthesia Benefit and a benefit for Second & Third Surgical Opinions are also included.	Surgery: \$7,500/max per surgery benefit Anesthesia: Up to \$2,250/per surgery \$300 for surgical opinions	Surgery: \$11,250/max per surgery benefit Anesthesia: Up to \$3,375/per surgery \$300 for surgical opinions	Surgery: \$15,000/max per surgery benefit Anesthesia: Up to \$4,500/per surgery \$300 for surgical opinions	Surgery: \$18,750/max per surgery benefit Anesthesia: Up to \$5,625/per surgery \$300 for surgical opinions	Surgery: \$22,500/max per surgery benefit Anesthesia: Up to \$6,750/per surgery \$300 for surgical opinions	Surgery: \$26,250/max per surgery benefit Anesthesia: Up to \$7,875/per surgery \$300 for surgical opinions	Surgery: \$30,000/max per surgery benefit Anesthesia: Up to \$9,000/per surgery \$300 for surgical opinions

Optional Riders Available Continued	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Transplant Benefit Rider – pays a benefit for a human organ transplant, a bone marrow transplant and a stem transplant. A donor benefit is also available at 50% of the transplant benefit. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to take place on each policy anniversary for a period not to exceed 10 years.	\$12,500/Organ & Bone Marrow \$5,000/Stem Cell	\$18,750/Organ & Bone Marrow \$7,500/Stem Cell	\$25,000/Organ & Bone Marrow \$10,000/Stem Cell	\$31,250/Organ & Bone Marrow \$12,500/Stem Cell	\$37,500/Organ & Bone Marrow \$15,000/Stem Cell	\$43,750/Organ & Bone Marrow \$17,500/Stem Cell	\$50,000/Organ & Bone Marrow \$20,000/Stem Cell
Intensive Care Rider – pays a benefit for confinement in an intensive care unit. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due and within 48 hours of an accident.	\$300/day ICU \$150/day Step Down Unit	\$450/day ICU \$225/day Step Down Unit	\$600/day ICU \$300/day Step Down Unit	\$750/day ICU \$375/day Step Down Unit	\$900/day ICU \$450/day Step Down Unit	\$1,050/day ICU \$525/day Step Down Unit	\$1,200/day ICU \$600/day Step Down Unit

Other Optional Riders Available

[**Optional 15 Year Return of Premium Benefit Rider** - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[**Optional 20 Year Return of Premium Benefit Rider** - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[**Optional 25 Year Return of Premium Benefit Rider** - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[**Optional Return of Premium Upon Death Benefit Rider** - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[**Optional Therapy and Wellness Benefit Rider** - The rider pays an indemnity per unit for specified tests listed. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.]

Exclusions

The policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer, Heart Attack or Stroke as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the U.S. Food & Drug Administration for the treatment of Cancer, Heart Attack or Stroke;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of the policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person's Immediate Family.

1. Intentionally self-inflicted Injury; violating or attempting to violate any duly enacted law.
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

Renewability - The policy is guaranteed renewable for life. We will renew the policy each time you send us a premium. It must be paid on or before the date it is due or during the 31 days that follow.

☐ **[Cancer Plan with Riders for Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care; Lump Sum Payment; & Heart Attack/Stroke (including Surgical Procedures and Lump Sum Payment)]**

☐ **[Cancer Plan with Riders for Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care and Lump Sum Payment]**

You have selected Plan []

The premium for your plan is **\$XXXX**

[Return of Premium Rider

The premium for this rider is: \$XXXX]

[Therapy & Wellness Rider

The premium for this rider is: **\$XXXX]**

Total Premium **[\$XXXX]**

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue
Glenview, Illinois 60025

SPECIFIED DISEASE COVERAGE

CANCER BENEFIT POLICY FORM NUMBER G1030

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE POLICY FORM OCG1030A18

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

PLEASE READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY.**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFIT ELIGIBILITY

In order for a benefit to become payable under the policy, Cancer must be First Diagnosed in one of the following ways:

- 1. Pathological Diagnosis:** A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.
- 2. Clinical Diagnosis:** A clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the Covered Person's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the Covered Person for Cancer.
- 3. Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

Waiting Period - This is the number of days after the covered person's effective date, before we will pay benefits for loss due to cancer. The waiting period, if any, will be shown on the policy schedule page. If the First Diagnosis of Cancer is made during the waiting period, the insured has the option to cancel the policy and receive a refund of all premiums paid.

CANCER POLICY BENEFITS

Subject to the policy waiting period, definitions, limitations, exclusions and other provisions of the policy, we will pay the following benefits, dependent upon the benefit plan you choose, for the loss resulting from a first diagnosis of cancer.

Base Policy Benefits	Plan A+1	Plan A+2	Plan A+3	Plan A+4	Plan A+5	Plan A+6	Plan A+7	Plan A+8
Hospital Confinement – For each day of hospital confinement								
Beginning with day 1 through day 90:	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day
Beginning with the 91 st consecutive day:	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day
Hospice Care – For each day care/services are received by or through Hospice								
Beginning with day 1 through day 90:	\$62.50/day	\$62.50/day	\$62.50/day	\$62.50/day	\$62.50/day	\$62.50/day	\$62.50/day	\$62.50/day
Beginning with the 91 st consecutive day:	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day	\$125/day

Base Policy Benefits Continued	Plan A+1	Plan A+2	Plan A+3	Plan A+4	Plan A+5	Plan A+6	Plan A+7	Plan A+8
Diagnostic Testing – For diagnostic x-rays and laboratory tests involved with a positive diagnosis of a new Cancer	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Drugs and Medicines – During hospital confinement.	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day
Attending Doctor – For services while hospital confined	\$25/ day	\$25/ day	\$25/ day	\$25/ day	\$25/ day	\$25/ day	\$25/ day	\$25/ day
Screening Benefit – For a physician visit in which diagnosis testing is performed	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day	\$50/ day
Private Nurse – For full-time services of a nurse while hospital confined, other than those nursing services provided by hospital	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day
Ambulance – For transportation to or from a hospital where you are confined as an inpatient – benefit limited to 4 times per year for surface ambulance and once per year for air ambulance	Surface: Up to \$250 / Trip	Up to \$250	Up to \$250	Up to \$250	Up to \$250	Up to \$250	Up to \$250	Up to \$250
	Air: Up to \$1,500 / Trip:	Up to \$1,500	Up to \$1,500	Up to \$1,500	Up to \$1,500	Up to \$1,500	Up to \$1,500	Up to \$1,500
Skilled Nursing – For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day	\$250/ day
Transportation – For coach fare for a round trip (air, rail, bus) or by a private vehicle for you and an adult companion to a treatment facility more than 50 miles from your home								
	Coach Fare / Round Trip / Up to: Ground Fare / 60¢/mile / Up to:	\$2,000 \$2,000	\$2,000 \$2,000	\$2,000 \$2,000	\$2,000 \$2,000	\$2,000 \$2,000	\$2,000 \$2,000	\$2,000 \$2,000
Lodging – For lodging expense incurred by a Covered Person or adult traveling companion while you are confined for treatment that is more than 50 miles from your home	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day
Experimental Treatment – For approved experimental treatments (drugs, surgery or therapy) received in the U.S.	\$2,500 Lifetime	\$2,500 Lifetime	\$2,500 Lifetime	\$2,500 Lifetime	\$2,500 Lifetime	\$2,500 Lifetime	\$2,500 Lifetime	\$2,500 Lifetime
Annual Check Up – For annual check-ups after a positive diagnosis of cancer per calendar year – limited to five times	\$125 per check-up	\$125 per check-up	\$125 per check-up	\$125 per check-up	\$125 per check-up	\$125 per check-up	\$125 per check-up	\$125 per check-up
Waiver of Premium - Premium payments will not be required if you are diagnosed as having cancer after the waiting period and while covered under the policy and are disabled for more than 90 consecutive days.	Included	Included	Included	Included	Included	Included	Included	Included
Optional Riders Available in Each Plan	Plan A+1	Plan A+2	Plan A+3	Plan A+4	Plan A+5	Plan A+6	Plan A+7	Plan A+8
Cancer Lump Sum Benefit Rider - Pays the benefit when a covered person is first diagnosed as having internal cancer. It is payable once per covered person.	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500

Optional Riders Available Continued		Plan A+1	Plan A+2	Plan A+3	Plan A+4	Plan A+5	Plan A+6	Plan A+7	Plan A+8
Cancer Radiation and Chemotherapy Benefit Rider - Pays benefits for radiation and chemotherapy treatments. In addition benefits are provided for Anti-Nausea Drugs, Immunotherapy, Supportive Drugs and Transfusions	Chemo – Oral: Up to 3 meds	\$100/month	\$100/month	\$100/month	\$100/month	\$100/month	\$100/month	\$100/month	\$100/month
	Chemo - Injected:	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day
	Radiation: :	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day	\$100/day
	Anti Nausea:	\$50/month	\$50/month	\$50/month	\$50/month	\$50/month	\$50/month	\$50/month	\$50/month
	Immunotherapy	\$125/month	\$125/month	\$125/month	\$125/month	\$125/month	\$125/month	\$125/month	\$125/month
	Lifetime Max of	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
	Supportive Drugs	\$25/month	\$25/month	\$25/month	\$25/month	\$25/month	\$25/month	\$25/month	\$25/month
	Transfusion	\$75/day	\$75/day	\$75/day	\$75/day	\$75/day	\$75/day	\$75/day	\$75/day
Cancer Surgical Benefits Procedures Benefit Rider Provides benefits for inpatient or outpatient surgery. Per surgical schedule up to a maximum per surgery. An Anesthesia Benefit, a benefit for Second & Third Surgical Opinions, a Skin Cancer Benefit and a Prosthesis Benefit are also included.	Surgical Procedure:	\$3,750/max per surgery benefit	\$3,750/max per surgery benefit	\$3,750/max per surgery benefit	\$3,750/max per surgery benefit	\$3,750/max per surgery benefit	\$3,750/max per surgery benefit	\$3,750/max per surgery benefit	\$3,750/max per surgery benefit
	Anesthesia	Up to \$1,125/ per surgery	Up to \$1,125/ per surgery	Up to \$1,125/ per surgery	Up to \$1,125/ per surgery	Up to \$1,125/ per surgery	Up to \$1,125/ per surgery	Up to \$1,125/ per surgery	Up to \$1,125/ per surgery
	Surgical Opinions	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
	Skin Cancer-per Surgery:	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
	Prosthetics - Surgical:	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
	Prosthetics - Non-Surgical	\$312.50	\$312.50	\$312.50	\$312.50	\$312.50	\$312.50	\$312.50	\$312.50
Heart Attack or Stroke Benefit Rider This rider provides the following benefits:									
Hospital Confinement – For each day of hospital confinement									
Beginning with day 1 through day 90:		\$125/day	\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day
Beginning with the 91 st consecutive day:		\$250/day	\$500/day	\$750/day	\$1,000/day	\$1,250/day	\$1,500/day	\$1,750/day	\$2,000/day
Hospice Care – For each day care/services are received by or through Hospice									
Beginning with day 1 through day 90:		\$62.50/day	\$125/day	\$187.50/day	\$250/day	\$312.50/day	\$375/day	\$437.50/day	\$500/day
Beginning with the 91 st consecutive day:		\$125/day	\$250/day	\$375/day	\$500/day	\$625/day	\$750/day	\$875/day	\$1,000/day
Diagnostic Testing – For diagnostic x-rays and laboratory tests involved for a heart attack/stroke		\$250	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000
Drugs and Medicines – During hospital confinement.		\$50/day	\$100/day	\$150/day	\$200/day	\$250/day	\$300/day	\$350/day	\$400/day
Attending Doctor – For services while hospital confined		\$25/day	\$50/day	\$75/day	\$100/day	\$125/day	\$150/day	\$175/day	\$200/day
Screening Benefit – For a physician visit in which diagnosis testing is performed		Up to \$50/day	Up to \$100/day	Up to \$150/day	Up to \$200/day	Up to \$250/day	Up to \$300/day	Up to \$350/day	Up to \$400/day
Private Nurse – For full-time services of a nurse while hospital confined, other than those nursing services provided by hospital		\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day

Optional Riders Available Continued	Plan A+1	Plan A+2	Plan A+3	Plan A+4	Plan A+5	Plan A+6	Plan A+7	Plan A+8
Heart Attack or Stroke Benefit Rider (CONT)								
Ambulance – For transportation to or from a hospital where you are confined as an inpatient – benefit limited to 4 times per year for surface ambulance and once per year for air ambulance	\$250/per surface trip \$1,500/ per air trip	\$250/per surface trip \$1,500/ per air trip	\$250/per surface trip \$1,500/ per air trip	\$250/per surface trip \$1,500/ per air trip	\$250/per surface trip \$1,500/ per air trip	\$250/per surface trip \$1,500/ per air trip	\$250/per surface trip \$1,500/ per air trip	\$250/per surface trip \$1,500/ per air trip
Skilled Nursing – For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day	\$250/day
Transportation – For coach fare for a round trip (air, rail, bus) or by a private vehicle for you and an adult companion to a treatment facility more than 50 miles from your home.	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground	Up to \$2000/coach fare / round trip 60¢/mile up to \$2000/ground
Lodging – For lodging expense incurred by a family member while you are confined for treatment that is more than 50 miles from your home	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day	\$100/ day
Annual Check Up – For annual check-ups after a heart attack or stroke per calendar year – limited to five times	\$125/per check up	\$250/per check up	\$375/per check up	\$500/per check up	\$625/per check up	\$750/per check up	\$875/per check up	\$1,000/per check up
Waiver of Premium - Premium payments will not be required if you are diagnosed as having a heart attack or stroke after the waiting period and while covered under the policy and are disabled for more than 90 consecutive days.	Included	Included	Included	Included	Included	Included	Included	Included
Heart Transplant Benefit – pays a benefit for a human heart transplant. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to take place on each policy anniversary for a period not to exceed 10 years.	\$6,250	\$12,500	\$18,750	\$25,000	\$31,250	\$37,500	\$43,750	\$50,000
Transfusion Benefit – pay for a transfusion which is needed as a direct result of a heart attack or stroke.	\$75/per day	\$150/per day	\$225/per day	\$300/per day	\$375/per day	\$450/per day	\$525/per day	\$600/per day
Heart Attack or Stroke Lump Sum Benefit Rider Pays the benefit when a covered person is first diagnosed as having a heart attack or stroke. A benefit is also provided for a Coronary Angioplasty.	\$500/ benefit \$50/ Angioplasty	\$1,500/ benefit \$150/ Angioplasty	\$2,000/ benefit \$200/ Angioplasty	\$2,500/ benefit \$250/ Angioplasty	\$3,500/ benefit \$350/ Angioplasty	\$4,000/ benefit \$400/ Angioplasty	\$4,500/ benefit \$450/ Angioplasty	\$5,000/ benefit \$500/ Angioplasty

Optional Riders Available Continued		Plan A+1	Plan A+2	Plan A+3	Plan A+4	Plan A+5	Plan A+6	Plan A+7	Plan A+8
Heart Attack or Stroke Surgical Benefits Procedures Benefit Rider Provides benefits for inpatient or outpatient surgery. Per surgical schedule up to a maximum per surgery. An Anesthesia Benefit and a benefit for Second & Third Surgical Opinions are also included.	Surgical Procedure:	\$3,750/max per surgery benefit	\$7,500/max per surgery benefit	\$11,250/max per surgery benefit	\$15,000/max per surgery benefit	\$18,750/max per surgery benefit	\$22,500/max per surgery benefit	\$26,250/max per surgery benefit	\$30,000/max per surgery benefit
	Anesthesia	Up to \$1,125/ per surgery	Up to \$2,250/ per surgery	Up to \$3,375/ per surgery	Up to \$4,500/ per surgery	Up to \$5,625/ per surgery	Up to \$6,750/ per surgery	Up to \$7,875/ per surgery	Up to \$9,000/ per surgery
	Surgical Opinions	\$300	Up to \$300	Up to \$300	Up to \$300	Up to \$300	Up to \$300	Up to \$300	Up to \$300
Transplant Benefit Rider – pays a benefit for a human organ transplant, a bone marrow transplant and a stem transplant. A donor benefit is also available at 50% of the transplant benefit. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to take place on each policy anniversary for a period not to exceed 10 years.	Organ & Bone Marrow	\$6,250	\$6,250	\$6,250	\$6,250	\$6,250	\$6,250	\$6,250	\$6,250
	Stem Cell	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
	Donor	50% of transplant	50% of transplant	50% of transplant	50% of transplant	50% of transplant	50% of transplant	50% of transplant	50% of transplant
Intensive Care Rider – pays a benefit for confinement in an intensive care unit. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident.	ICU	\$150/day	\$300/day	\$450/day	\$600/day	\$750/day	\$900/day	\$1,050/day	\$1,200/day
	Step Down	\$75/day	\$150/day	\$225/day	\$300/day	\$375/day	\$450/day	\$525/day	\$600/day

Other Optional Riders Available

[Optional 15 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 20 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 25 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Return of Premium Upon Death Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Therapy and Wellness Benefit Rider - The rider pays an indemnity per unit for specified tests listed. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.]

Exclusions

The policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer, Heart Attack or Stroke as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the U.S. Food & Drug Administration for the treatment of Cancer, Heart Attack or Stroke;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of the policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person's Immediate Family.

Additional Exclusions that apply to Optional Benefit Riders for Intensive Care and Therapy and Wellness:

1. Intentionally self-inflicted Injury; violating or attempting to violate any duly enacted law.
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

Premium Change - We may change the premium rates for the policy. The change will be based on a new table of rates. We can only change the premium if we change it for all policies like yours in your class and in the same state where your policy was issued.

Renewability - The policy is guaranteed renewable for life. We will renew the policy each time you send us a premium. It must be paid on or before the date it is due or during the 31 days that follow.

[Coverage Selection (Select One):]

- ☐ **[Cancer Plan with Riders for** *Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care; Lump Sum Payment; & Heart Attack/Stroke (including Surgical Procedures and Lump Sum Payment)*
- ☐ **[Cancer Plan with Riders for** *Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care and Lump Sum Payment*]

Premium:

You have selected Plan []

The premium for your plan is \$XXXX

[You have also selected the following optional riders:]

[Return of Premium Rider

The premium for this rider is: \$XXXX]

[Therapy & Wellness Rider

The premium for this rider is: \$XXXX]

Total Premium [\$XXXX]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

POLICY FORM G1030AR

Pages 1, 2 and 4-15: These pages do not contain any bracketed items.

Policy Schedule Page 3A

Policy Number: Specific to the policyholder.

Effective Date: Specific to the policyholder

Insured: Specific to the policyholder

State of Issue: Specific to the policyholder

Type: Individual or Family – Specific to the policyholder

Age At Issue – Specific to the policyholder

Policy Waiting Period: 30 Days

Cancer Benefit Policy Annual Premium:

Annual Premium

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Optional Riders: - Specific to the policyholder and the riders selected.

Cancer Lump Sum Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Cancer Chemotherapy and Radiation Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Cancer Surgical Procedures Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Heart Attack or Stroke Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Heart Attack or Stroke Lump Sum Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Heart Attack or Stroke Surgical Procedures Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Transplant Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Intensive Care Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

Therapy and Wellness Benefit Rider

\$[XXXX]

Based on the type, age at issue and the plan selected and will be specific to the policyholder.

The applicant can select one of the following Return of Premium Riders:

15 Year Return of Premium Benefit Rider

\$[XXXX]

20 Year Return of Premium Benefit Rider

\$[XXXX]

25 Year Return of Premium Benefit Rider

\$[XXXX]

Return of Premium Upon Death Benefit Rider

\$[XXXX]

Policy Fee:

\$[XXXX]

TOTAL PREMIUM \$[XXXX]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

Policy Schedule Page 3B

Benefits

The policy and the optional riders will be sold in plan options therefore the benefits amounts will vary by plan.

The following amounts represent the base policy amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Hospital Confinement

Days 1 through 90 \$[125]/day

Beginning with the 91st consecutive day \$[250]/day

Hospice Care (Up to 6 months)

Days 1 through 90 \$[62.50]/day

Beginning with the 91st consecutive day \$[125]/day

Diagnostic Testing (Per Test, up to 2 tests per Calendar Year) \$[250]/test

Drugs and Medicines (During Hospital Confinement) \$[50]/day

Attending Doctor (During Hospital Confinement) \$[25]/day

Screening Benefit (Once per Calendar Year) \$[50]/day

Private Nurse Benefit \$250/day

Ambulance
\$250 Surface Trip
\$1500 Air Trip

Skilled Nursing Facility Benefit \$250/day

Transportation Benefit
Up to \$2,000/coach fare/round trip
60¢/mile up to \$2,000 ground

Lodging Benefit \$100/day

Experimental Treatment \$[2,500]

Annual Check-Up Visit (Up to 5 annual visits) \$[125]/visit

OPTIONAL RIDERS – The benefit amounts will be shown on the Rider Schedules.

POLICY FEE - \$[55]

TOTAL PREMIUM - will be policyholder specific as to their coverage chosen.

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

Rider Form RG10CLS

Cancer Benefit Lump Sum Benefit Rider Schedule Page 2

Benefits

The following amount represents the base rider benefit amount per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

First Diagnosis Cancer – \$[500]

Rider Form RG10CR

Cancer Chemotherapy and Radiation Benefit Rider Schedule Page 3

The following amount represents the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Chemotherapy Injected – \$[100]/day

Chemotherapy Oral – \$[100]/month

Radiation – \$[100]/day

Anti-Nausea Drugs – \$[50]/month

Immunotherapy – \$[125]/month

Supportive Drugs – \$[25]/month

Transfusion – \$[75]/day

Rider Form RG10CSB

Cancer Surgical and Radiation Benefit Rider Schedule Pages

The following amount represents the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Skin Cancer - \$[150]/surgery

Prosthesis, Surgically Implanted Devices - \$[1,250]

Prosthesis, Non-Surgical Device \$[312.50]

Anesthesia - 30% of Surgical Procedure

Surgical Procedures: Specified amounts

	PROCEDURE CODE	SURGICAL BENEFIT
SURGICAL PROCEDURE		
ABDOMEN		
Abdominal paracentesis	49080	\$[101]
Excision of intra-abdominal or retroperitoneal tumor	49200	\$[315]
Staging celiotomy (Hodgkin's or Lymphoma)	49220	\$[495]
BLADDER		
Cystotomy for excision of bladder tumor	51530	\$[338]
Cystectomy, complete; with bilateral pelvic lymphadenectomy	51575	\$[1,156]
Cystectomy, complete; with ureteroileal conduit or sigmoid bladder, including bowel anastomosis;	51590	\$[1,619]
Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypo gastric and obturator nodes	51595	\$[2,055]
Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantation	51597	\$[1,726]
Cystourethroscopy with biopsy	52204	\$[101]
Cystourethroscopy, with fulguration and/or resection of medium tumors) (2.0 - 5.0 cm)	52235	\$[270]
BONE		
Biopsy, bone, trocar or needle; superficial	20220	\$[101]
Radical resection of sternum for tumor with mediastinal lymphadenectomy	21632	\$[1,439]
BRAIN		
Craniectomy for tumor of skull	61500	\$[1,109]
Excision brain tumor, supratentorial	61510	\$[1,439]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
BRAIN Continued		
Excision brain tumor, infratentorial or posterior fossa	61518	\$[1,583]
Cerebellopontine angle tumor	61520	\$[2,055]
Midline tumor at base of skull	61521	\$[3,084]
Excision of craniopharyngioma	61545	\$[3,750]
Hypophysectomy, intracranial approach	61546	\$[1,529]
BREAST		
Biopsy of breast, incisional (separate procedure)	19101	\$[101]
Excision of malignant tumor	19120	\$[113]
Mastectomy, partial	19160	\$[135]
Mastectomy, simple, complete	19180	\$[234]
Mastectomy, radical including pectoral muscles, axillary and internal mammary lymph nodes	19220	\$[585]
Mastectomy, modified radical, including axially lymph nodes and pectoralis minor muscle, but excluding pectoralis major muscle	19240	\$[428]
Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	19272	\$[1,079]
CHEST		
Bronchoscopy with biopsy	31625	\$[131]
Thoracentesis for biopsy	32000	\$[101]
Biopsy, lung or mediastinum, percutaneous needle	32405	\$[101]
Pneumonectomy, total	32440	\$[770]
Lobectomy, total or segmental	32480	\$[608]
Excision of mediastinal tumor	39220	\$[410]
EAR		
Excision, external ear, partial	69110	\$[135]
Radical excision, external auditory canal lesion with neck dissection	69155	\$[529]
Excision aural glomus tumor, transcanal	69550	\$[464]
Transmastoid	69551	\$[794]
Extended (extratemporal)	69554	\$[1,481]
ESOPHAGUS		
Excision local lesion with primary repair, cervical approach	43100	\$[338]
Thoracic approach	43101	\$[495]
Wide excision of malignant lesion of cervical esophagus	43105	\$[540]
With radical neck dissection	43106	\$[822]
Esophagectomy (at upper two-thirds level) and gastric anastomosis with vagotomy	43110	\$[630]
Esophagogastrrectomy (lower third) and vagotomy, combined thoracoabdominal	43120	\$[781]
EYE		
Enucleation of eye	65101	\$[281]
Exenteration of orbit	65110	\$[450]
Orbitotomy with removal of lesion	67412	\$[450]
HEART		
Pericardiectomy	33100	\$[822]
Excision intracardiac tumor, resection with bypass	33120	\$[2,055]
INTESTINES		
Colectomy, partial; with anastomosis	44140	\$[416]
With coloproctostomy	44145	\$[479]
Colectomy, total, abdominal with ileostomy or Ileoproctostomy	44150	\$[563]
With rectal mucosectomy, ileoanal anastomosis	44153	\$[1,529]
With proctectomy	44155	\$[770]
Small intestine, enteroscopy beyond second portion of duodenum, with biopsy	44361	\$[117]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
INTESTINE Continued		
Proctectomy, complete, combined abdominoperineal	45110	[\$630]
Proctosigmoidoscopy with biopsy	45305	[\$101]
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	45380	[\$169]
KIDNEY		
Renal biopsy		
Percutaneous, by trocar or needle	50200	[\$101]
By surgical exposure of kidney	50205	[\$180]
Nephrectomy, radical, with regional lymphadenectomy	50230	[\$835]
Partial	50240	[\$540]
LIVER		
Needle biopsy, percutaneous	47000	[\$101]
Wedge biopsy (independent procedure)	47100	[\$225]
Hepatectomy, partial lobectomy	47120	[\$653]
LYMPHATIC SYSTEM		
Biopsy or excision of cervical lymph node; deep	38510	[\$101]
Cervical lymphadenectomy (complete)	38720	[\$473]
MOUTH		
Excision of lip; transverse wedge excision with primary closure	40510	[\$169]
Hemiglossectomy	41130	[\$248]
Glossectomy		
Partial, with unilateral radical neck dissection	41135	[\$495]
Total, with unilateral radical neck dissection	41145	[\$630]
With resection, floor of mouth, mandibular resection and radical neck dissection (commando type)	41155	[\$770]
Resection, palate	42120	[\$495]
OVARY		
Wedge resection or bisection	58920	[\$248]
PANCREAS		
Excisional biopsy (independent procedure)	48100	[\$338]
Pancreatectomy with pancreaticoduodenectomy and pancreaticojejunostomy	48150	[\$1,079]
PAROTID		
Excision parotid tumor, lateral lobe, without nerve dissection	42410	[\$140]
Total, with unilateral radical neck dissection	42426	[\$630]
PELVIS		
Radical resection for tumor	27075	[\$405]
Innominate bone (total)	27077	\$1,619
Amputation, partial	54120	[\$225]
Complete	54125	[\$450]
Radical with bilateral inguinofemoral lymphadenectomy	54130	[\$630]
PROSTATE		
Biopsy, needle or punch, single or multiple, any approach	55700	[\$101]
Transurethral resection of prostate	52601	[\$450]
Prostatectomy, retropubic radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55845	[\$1,079]
SINUS		
Maxillectomy with orbital exenteration	31230	[\$630]
SPINE		
Resection tumor, radical, soft tissue of flank or back	21935	[\$338]
Partial resection of vertebral component for cervical tumor	22105	[\$270]
Biopsy of spinal cord, percutaneous needle	62269	[\$378]
Laminectomy for biopsy/excision of intraspinal neoplasm; Extradural, cervical	63275	[\$1,439]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
SPINE CONTINUED		
Intradural, intramedullary, thoracic	63286	[\$2,055]
STOMACH		
Gastric biopsy by laparotomy	43605	[\$304]
Local excision of tumor	43610	[\$338]
Total gastrectomy including intestinal anastomosis	43620	[\$630]
Hemigastrectomy with vagotomy	43635	[\$518]
TESTIS		
Biopsy, incisional (independent procedure)	54505	[\$101]
Orchiectomy, radical, for tumor, inguinal approach	54530	[\$214]
With abdominal exploration	54535	[\$281]
THROAT		
Laryngectomy, total, without radical neck dissection	31360	[\$563]
With radical neck dissection	31365	[\$1,109]
Pharyngolaryngectomy with radical neck dissection	31390	[\$797]
Laryngoscopy, direct, operative, with biopsy	31535	[\$135]
THYROID		
Thyroidectomy for malignancy	60252	[\$585]
With radical neck dissection	60254	[\$653]
UTERUS		
Colposcopy with biopsy	57454	[\$101]
Dilation and curettage with biopsy	58120	[\$101]
Radical abdominal hysterectomy, with bilateral total pelvic and limited para-aortic lymphadenectomy	58210	[\$1,079]
URINARY		
Ureterectomy, with bladder cuff (independent procedure)	50650	[\$450]
Total, ectopic ureter; combination abdominal, vaginal and/or perineal approach	50660	[\$630]
Ureteral endoscopy with biopsy	50974	[\$101]
VULVA		
Vulvectomy, complete	56625	[\$349]
Radical	56630	[\$495]
With inguinofemoral, iliac, and pelvic lymphadenectomy	56640	[\$848]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

Rider Form RG10HAS

Heart Attack or Stroke Benefit Rider

The following amount represents the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Heart Transplant Benefit – [\$6,250]

Transfusion Benefit - \$[75] unit/per day

Applicability of Policy Benefits

Entitles a Covered Person to the same benefits, excluding the Experimental Treatment Benefit , as described in the base policy when the loss is due to Heart Attack or Stroke

Hospital Confinement

Days 1 through 90 \$[125]/day

Beginning with the 91st consecutive day \$[250]/day

Hospice Care (Up to 6 months)

Days 1 through 90 \$[62.50]/day

Beginning with the 91st consecutive day \$[125]/day

Diagnostic Testing (Per Test, up to 2 tests per Calendar Year)

\$[250]/test

Drugs and Medicines (During Hospital Confinement)

\$[50]/day

Attending Doctor (During Hospital Confinement)

\$[25]/day

Screening Benefit (Once per Calendar Year)

\$[50]/day

Private Nurse Benefit

\$250/day

Ambulance

\$250 Surface Trip

\$1500 Air Trip

Skilled Nursing Facility Benefit

\$250/day

Transportation Benefit

Up to \$2,000/coach fare/round trip

60¢/mile up to \$2,000 ground

Lodging Benefit

\$100/day

Annual Check-Up Visit (Up to 5 annual visits)

\$[125]/visit

Rider Form RG10HSLS

Heart Attack or Stroke Lump Sum Benefit Rider

Benefits

The following amount represents the base rider benefit amount per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Lump Sum Benefit - \$[500]

Coronary Angioplasty Benefit - \$[50]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

Rider Form RG10HSSB

Heart Attack or Stroke Surgical Procedures Benefit Rider

The following amounts represent the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Anesthesia - 30% of Surgical Procedure

Second and Third Opinions - \$300

Surgical Procedures: Specified amounts

SURGICAL PROCEDURE	PROCEDURE CODE	SURGICAL BENEFIT
PERICARDIUM		
Pericardiocentesis Initial	33010	\$[137]
Pericardiotomy for Removal of Clot or Foreign Body (Primary Procedure)	33020	\$[1,000]
Pericardiectomy(Independent Procedure), With or Without Bypass	33100	\$[2,000]
PACEMAKER		
Insertion of Permanent Pacemaker, With Epicardial Electrode by Thoracotomy	33200	\$[1,312]
CARDIAC VALVE		
Valvuloplasty, With Bypass:		
Aortic Valve	33400	\$[2,500]
Mitral Valve	33425	\$[2,812]
Tricuspid Valve	33460	\$[2,500]
Commissurotomy:		
With Bypass - Aortic Valve	33407	\$[2,593]
Closed - Mitral Valve	33420	\$[2,000]
Closed - Triscupid Valve	33450	\$[1,875]
Aortoplasty for Supraventricular Stenosis	33417	\$[2,687]
Triple Valve Replacement	33492	\$[3,750]
CORONARY ARTERY		
Anomalous Coronary Artery Ligation(With Angioplasty or Endarterectomy)	33502	\$[1,750]
Coronary Artery Bypass, Autogenous		
Single	33510	\$[2,625]
Triple	33512	\$[3,000]
Transverse Arch Graft of Thoracic Aortic Aneurysm	33870	\$[3,500]
HEART TRANSPLANT		
Replacement of Human Heart	33945	\$[6,250]
POST INFARCTION MYOCARDIAL		
Myocardial Resection	33542	\$[2,875]
Myocardial Operation Combined With Coronary Bypass Procedure	33560	\$[3,250]
PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION		
Subdural Tap Through Fontanelle(Infant), Initial, Unilateral or Bilateral	61000	\$[125]
CRANIUM AND CEREBRAL ARTERIES		
Injection for carotid angiography, unilateral	93542, 93543	\$[187]
Injection for angiography, bilateral	93545	\$[280]
Thromboendarterectomy, external carotid	35301, 35390	\$[1,125]
Burr holes for subdural hematoma	61154-61156	\$[1,687]
Craniotomy for subdural hematoma	61556	\$[1,875]
CRANIECTOMY OR CRANIOTOMY		
Exploratory; supratentorial	61304	\$[2,187]
Surgery of intracranial arteriovenous malformation	61680	\$[3,750]

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

Rider Form RG10T

Transplant Benefit Rider

The following amounts represent the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Organ Transplant - \$[6,250]

Bone Marrow Transplant - \$[6,250]

Stem Cell Transplant - \$[2,500]

Donor Benefit- 50% of transplant

Rider Form RG10CTW

Therapy and Wellness Benefit Rider

The following amounts represent the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Health and Wellness - \$[50]/test

Educational Services - \$[50]/session

Hearing, Occupation, and Speech Therapies - \$[25]/day

Mental Health - \$[50]/session

Healthy Lifestyle - \$[25]/year

Alternative Care

Integrative Assessment and Education - \$75

Ameliorative Benefit - \$[25]/visit

Lifestyle Benefit - \$[25]/visit

Rider Form RG10IC

Intensive Care Benefit Rider

The following amounts represent the base rider benefit amounts per unit. The bracketed amounts are the amounts which will be variable.

The explanation of plan options will be provided under the outlines variables.

Intensive Care - \$[150]/day

Intensive Care Due to Accident - \$[300]/day

Step-Down Unit - \$[75]/day

GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS

Application Form Number APPH1 11
Section B

[B. COVERAGE SELECTION & PREMIUMS

1. PlanType: <input type="checkbox"/> Individual <input type="checkbox"/> Family	4. [Therapy and Wellness Rider RG10CTW:] Units__
2. [<input type="checkbox"/> <input type="checkbox"/> Cancer Policy (G1030): <i>Coverage includes Rider Benefits For:</i> <i>Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care; Lump Sum Payment; & Heart Attack/Stroke (including Surgical Procedures and Lump Sum Payment)]</i>	5. [Return of Premium Rider:] <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years <input type="checkbox"/> 25 Years <input type="checkbox"/> Death Prior to Age 85]
2a. [<input type="checkbox"/> <input type="checkbox"/> Cancer Policy (G1030) <i>Coverage includes Rider Benefits For:</i> <i>Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care and Lump Sum Payment]</i>	6.[Premium Payment Mode:] <input type="checkbox"/> Monthly Bank Draft] [Draft/Bill Date:_____]] <input type="checkbox"/> Quarterly] <input type="checkbox"/> Annual] <input type="checkbox"/> Semi Annual] <input type="checkbox"/> Credit Card]
2b. [<input type="checkbox"/> <input type="checkbox"/> Heart Attack / Stroke Policy (G1031): <i>Coverage includes Rider Benefits for Surgical Procedures; Transplants; Intensive Care; and Lump Sum Payment]</i>	7.[Beneficiary / Relationship Section:]
3. [Benefit Plan (Hospital Confinement Benefit Per Day): <input type="checkbox"/> A [(\$250)] <input type="checkbox"/> B [(\$375)] <input type="checkbox"/> C [(\$500)] <input type="checkbox"/> D [(\$625)] <input type="checkbox"/> E [(\$750)] <input type="checkbox"/> F [(\$875)] <input type="checkbox"/> G [(\$1,000)] <input type="checkbox"/> A+ ____ [(\$125)] available with G1030 only)]	8. [Policy Fee:____ Premium:____ Total:____]

[B. COVERAGE SELECTION & PREMIUMS

1. PlanType: <input type="checkbox"/> Individual <input type="checkbox"/> Family	[9. Transplant Benefit Rider RG10T: Units__]
[2. Cancer Policy Base G1030: Units__]	[10. Therapy and Wellness Rider RG10CTW: Units__]
[2a. Heart Attack / Stroke Policy Base G1031: Units__]	[11. Intensive Care Rider RG10IC: Units__]
[3. Heart Attack Stroke Rider RG10HAS: Units__]	[12. Return of Premium Rider: <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years <input type="checkbox"/> 25 Years <input type="checkbox"/> Death Prior to Age 85]]
[4. Cancer Lump Sum Rider RG10CLS: Units__]	[13. Premium Payment Mode: <input type="checkbox"/> Monthly Bank Draft] [Draft/Bill Date:_____]] <input type="checkbox"/> Quarterly] <input type="checkbox"/> Annual] <input type="checkbox"/> Semi Annual] <input type="checkbox"/> Credit Card]
[5. Heart Attack/Stroke Lump Sum Rider RG10HSLS: Units__]	[14. Beneficiary / Relationship Section]
[6. Cancer Surgical Procedures Rider RG10CSB: Units__]	[15. Premiums:] [Policy Fee: ____] [Premiums: ____] [Total: ____]
[7. Heart Attack/Stroke Surgical Procedures Rider RG10HSSB: Units__]	
[8. Chemo/Radiation Rider RG10CR: Units__]	

**GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS**

Outline of Coverage Form Number OCG1030AG

The outline provides the plans available for the policy and riders. The benefits available are per unit. Each plan shown shows the base amounts available or is multiplied by the number of units the plan includes.

Benefit	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Cancer Base Policy	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Cancer Lump Sum Rider	3 Units	4 Units	5 Units	7 Units	8 Units	9 Units	10 Units
Cancer Radiation & Chemotherapy Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Cancer Surgical Procedures Benefit Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Heart Attack or Stroke Benefit Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Heart Attack or Stroke Lump Sum Benefit Rider	3 Units	4 Units	5 Units	7 Units	8 Units	9 Units	10 Units
Heart Attack or Stroke Surgical Procedures Benefit Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Transplant Benefit Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Intensive Care Rider	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units

The remaining riders are optional.

[Optional 15 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 20 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 25 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Return of Premium Upon Death Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Therapy and Wellness Benefit Rider - The rider pays an indemnity per unit for specified tests listed. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.]

[Coverage Selection (Select One):]

- ☐ **[Cancer Plan with Riders for** *Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care; Lump Sum Payment; & Heart Attack/Stroke (including Surgical Procedures and Lump Sum Payment)*]
- ☐ **[Cancer Plan with Riders for** *Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care and Lump Sum Payment*]

Premium:

You have selected Plan []

The premium for your plan is \$XXXX

[You have also selected the following optional riders:]

[Return of Premium Rider

The premium for this rider is: \$XXXX]

[Therapy & Wellness Rider

The premium for this rider is: \$XXXX]

Total Premium **[\$XXXX]**

GUARANTEE TRUST LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
CANCER BENEFIT POLICY AND ATTACHED RIDERS

Outline of Coverage Form Number OCG1030A18

The outline provides the plans available for the policy and riders. The benefits available are per unit. Each plan shown shows the base amounts available or is multiplied by the number of units the plan includes.

Benefit	Plan A+1	Plan A+2	Plan A+3	Plan A+4	Plan A+5	Plan A+6	Plan A+7	Plan A+8
Cancer Base Policy	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit
Cancer Lump Sum Rider	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit
Cancer Radiation & Chemotherapy Rider	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit
Cancer Surgical Procedures Benefit Rider	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit
Heart Attack or Stroke Benefit Rider	1 Units	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Heart Attack or Stroke Lump Sum Benefit Rider	1 Unit	3 Units	4 Units	5Units	7 Units	8 Units	9 Units	10 Units
Heart Attack or Stroke Surgical Procedures Benefit Rider	1 Units	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
Transplant Benefit Rider	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit	1 Unit
Intensive Care Rider	1 Units	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units

The remaining riders are optional.

[Optional 15 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 20 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 25 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Return of Premium Upon Death Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Therapy and Wellness Benefit Rider - The rider pays an indemnity per unit for specified tests listed. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.]

[Coverage Selection (Select One):]

- ☐ **[Cancer Plan with Riders for** *Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care; Lump Sum Payment; & Heart Attack/Stroke (including Surgical Procedures and Lump Sum Payment)***]**
- ☐ **[Cancer Plan with Riders for** *Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care and Lump Sum Payment***]**

Premium:

You have selected Plan []

The premium for your plan is \$XXXX

[You have also selected the following optional riders:]

[Return of Premium Rider

The premium for this rider is: \$XXXX]

[Therapy & Wellness Rider

The premium for this rider is: \$XXXX]

Total Premium **[\$XXXX]**

<i>SERFF Tracking Number:</i>	<i>GRTT-126936407</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48233</i>
<i>Company Tracking Number:</i>	<i>AMHGTLCANAR</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Benefit Policy</i>		
<i>Project Name/Number:</i>	<i>GTL/AMHGTLCAN</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/14/2011	Form	Cancer Benefit Policy	03/14/2011	G1030AR.pdf (Superceded)

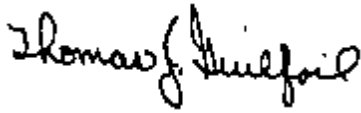
**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

A Mutual Company
1275 Milwaukee Avenue
Glenview, Illinois 60025
[(847) 699-0600]

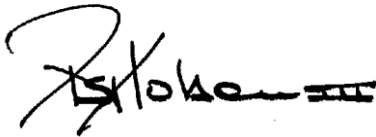
**CANCER
BENEFIT POLICY**

**THIS IS A LEGAL
CONTRACT BETWEEN
YOU AND US. READ YOUR
POLICY CAREFULLY.**

Signed for Guarantee Trust Life
Insurance Company, at its
Home Office, by:



Secretary
President



Licensed
Resident Agent

WE PROMISE to insure all Covered Persons for benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first premium. The application is attached to and made a part of this Policy.

GUARANTEED RENEWABLE.

You may keep this Policy in force during Your entire lifetime by paying the renewal premium at the intervals available to You at the time of renewal. You must pay the premium when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE
THIS POLICY FOR TEN (10)**

DAYS. It is important to Us that You are satisfied with this Policy. If You are not satisfied with this Policy, You may return it to Us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and refund any premiums You have paid.

PREMIUMS SUBJECT TO CHANGE. We may change the premium for this Policy. We may do so only if We change it for all policies like Yours in Your state on a class basis. We will provide You with written notice at least thirty-one (31) days in advance of any change in renewal premium.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover Your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

TABLE OF CONTENTS

Guaranteed Renewable	Page 1
Your Right to Examine This Policy	Page 1
Premiums Subject to Change	Page 1
Policy Schedule and Policy Benefits Schedule	Pages 3A, 3B
Definitions	Pages 4 - 7
Eligibility for Coverage	Page 8
Termination, Conversion, and Continuation of Coverage	Pages 8 - 9
Eligibility for Benefits	Page 9
Benefit Provisions	Pages 9 - 11
Premium, Waiver of Premium, Lapse and Reinstatement	Page 12
Policy Exclusions	Page 13
Claim Provisions	Page 13
General Provisions	Page 14

POLICY DEFINITIONS

Calendar Year: The period beginning on the date a Covered Person's coverage becomes effective and ending on December 31 of that same year. From then on, it is the period beginning January 1 and ending on December 31 of that same year.

Cancer (*Life Threatening*): A malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia. Cancer does not mean:

1. Skin Cancer (basal or squamous cell), except for malignant melanoma;
2. Pre-malignant tumors or polyps;
3. Cancer in-situ, intraductal non-invasive carcinoma of the breasts;
4. Carcinoid of the appendix

Common Carrier: A common carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles will be considered a Common Carrier for the purpose of providing transportation under this Policy.

Covered Person: Means You or a person:

1. Who is eligible for coverage as Your Dependent
2. Who has been accepted for coverage or has been automatically added.
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

Definitive Treatment: Medical techniques which have been proven to destroy, stop, or impede the spread of Cancer. We consider a technique as proven when at the time of treatment, it:

1. Is fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration; or,
2. Is a generally accepted medical or surgical technique as determined by an appropriate Doctor chosen by Us.

Dependent: A person who is the Insured's:

1. Legally married spouse and residing with the Insured.
2. Child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. Child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. Natural child;
2. Stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

Doctor: Any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

Effective Date: The date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application; We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

POLICY DEFINITIONS (Continued)

First Diagnosis: The first time in which the earliest of the following occurs:

1. Cancer is first diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The Doctor establishing the pathological diagnosis shall base his/her judgement solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or suspect tumor, tissue or specimen. A postmortem pathological diagnosis of Cancer will only be accepted as a First Diagnosis when the deceased Covered Person received Definitive Treatment for such Cancer prior to death.
2. Cancer is first diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Doctor's statement and/or examination by a Doctor of Our choice at Our expense.

Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, or prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a First Diagnosis of Cancer, this will not be a covered condition. If Cancer is diagnosed and / or treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent First Diagnosis of Cancer after the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid on this policy and attached riders. The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken.

Functional Impairment / Functionally Impaired: The Insured, because of Cancer as defined in this Policy:

1. Is unable to perform two (2) or more of the activities of daily living without the assistance of another person for a period of at least ninety (90) consecutive days. For the purposes of this Policy, the activities of daily living are:
Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
Continence: the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
Transferring: moving into or out of a bed, chair, or wheelchair.
2. Is receiving regular care by a Doctor which is appropriate for the condition causing Functional Impairment. This care must be at such intervals and frequency as will lead to the Insured performing the activities of daily living independently.

Hospice: An organization which:

1. Is licensed by a government agency;
2. Provides palliative and supportive care to Terminally Ill persons and their families;
3. Provides this care in the home or on an outpatient or short-term inpatient basis; and
4. Is classified as a Hospice.

A Hospice is not:

1. A Hospital, except for that section, unit, or wing of a Hospital which is lawfully designated to provide inpatient Hospice care;
2. A Skilled Nursing Facility, except for that section, unit, or wing of a Skilled Nursing Facility which is lawfully designated to provide inpatient Hospice care;
3. A nursing home, an extended care facility, a convalescent home, rehabilitation center, or a rest home or a home for the aged;
4. An institution mainly rendering treatment or services for mental illness or substance abuse.

POLICY DEFINITIONS (Continued)

Hospital: A medical facility which:

1. Is legally licensed and accredited by the Joint Commission;
2. Provides 24-hour nursing service by licensed registered nurses (R.N.);
3. Provides diagnostic and therapeutic care under the supervision of a doctor while Hospital Confined; and
4. Maintains permanent surgical facilities or has an arrangement with another surgical facility supervised by a staff of one or more Doctors.

A Hospital is not a bed, unit or facility (or a special unit of a Hospital) that functions as:

1. A Hospice;
2. A Skilled Nursing Facility, nursing home, an extended care facility, a convalescent home, a rehabilitation center, or a rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse.

Immediate Family: You or Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You or Your spouse.

Insured: This is the person named as the primary applicant on the Policy application and shown as the Insured on the Policy Schedule.

Nurse: Any of the following who is properly licensed or certified to provide medical care under the laws of the state where the Nurse practices:

1. A Licensed Practical Nurse (L. P. N.);
2. A Licensed Vocational Nurse (L. V. N.); or
3. A Registered Nurse (R. N.)

Pathologist: A licensed Doctor specializing in the interpretation and diagnosis of changes caused by disease in tissue, who is certified by the American Board of Pathology to practice Pathologic Anatomy, or certified by the Osteopathic Board of Pathology.

Period of Confinement: A period which begins on or after the Effective Date of coverage, and during which a Covered Person is confined as an inpatient to a Hospital or Skilled Nursing Facility. Re-confinement within thirty (30) days of discharge from a Hospital or Skilled Nursing Facility for the same or related condition will be considered a continuation of the prior Period of Confinement. Re-confinement more than thirty (30) days after discharge from a Hospital or Skilled Nursing Facility will be treated as a new Period of Confinement.

Private Vehicle: A vehicle which is not owned by a business, a state or government agency and which is in the possession of an individual and/or the individual's Immediate Family for the primary purpose of providing personal transportation.

Skilled Nursing Facility: A facility that meets the following standards:

1. Is lawfully licensed as a Skilled Nursing Facility by the state in which it operates; and
2. Provides room and board accommodations; and
3. Is under the supervision of a duly licensed Doctor; and
4. Provides continuous twenty-four (24) hour a day skilled nursing services by or under the supervision of a registered Nurse; and,
5. Maintains a permanent daily medical record of each patient.

A Skilled Nursing Facility is not a bed, unit or facility that functions as:

1. A Hospice;
2. A rest home or a home for the aged;
3. An institution mainly rendering treatment or services for mental illness or substance abuse;
4. A place for custodial or educational care.

POLICY DEFINITIONS (Continued)

Terminally Ill: A Doctor has certified that: (a) there is no reasonable prospect of cure; (b) life expectancy is less than six (6) months; (c) Hospice services for palliation or management of the terminal illness and related conditions are needed; and (d) confinement in a Hospital or Skilled Nursing Facility would be needed if Hospice care services were not available.

U.S. Government Hospital means a Hospital which is under the jurisdiction of and is operated by or for the United States Government. A United States Government Hospital does not charge for its room, board and medical services.

Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to Cancer. The Waiting Period, if any, is shown in the Policy Schedule. If the First Diagnosis of Cancer is made during the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid.

We, Us, Our Company: Guarantee Trust Life Insurance Company.

You, Your and Yours: The Insured shown on the Policy Schedule.

ELIGIBILITY FOR COVERAGE

CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person:

1. The date We approve Your written application for that Dependent to become a Covered Person under this Policy; and
2. When We accept payment of the required premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

If this Policy is an Individual Plan, You are the only Covered Person. If this Policy is a Family Plan, You and Your Dependents are Covered Persons.

To add Your Dependent(s) after this Policy has been issued, We must receive:

1. Your written request to add the Dependent(s);
2. Evidence satisfactory to Us of the insurability and eligibility of the Dependent(s) to be added; and
3. The additional premium for the added Dependent(s).

DEPENDENT TERMINATION OF COVERAGE

If this is a Family Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19th) birthday, or twenty-fifth (25th) birthday if a full time student; or
2. Date of marriage.

The coverage of a child will not terminate if that child is both:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Currently dependent upon You.

Proof of continued incapacity and dependency must be furnished to Us by You within thirty-one (31) days of the child's nineteenth (19th) birthday. Afterwards, proof of continued incapacity and dependency must be furnished to Us, at Our request, by You but not more frequently than annually after the two (2) year period following the child's nineteenth (19th) birthday, unless such information is requested as a part of Our claim processing.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage.

CONVERSION PRIVILEGE

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.
3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for expenses incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the converted policy.

ELIGIBILITY FOR COVERAGE (Continued)

CONVERSION PRIVILEGE (Continued)

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

Another Waiting Period will not be required for coverage under the Conversion policy, except to the extent that the Waiting Period has not been met under this Policy.

CONTINUATION OF INSURANCE

If You die, Your covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

ELIGIBILITY FOR BENEFITS

DIAGNOSIS

In order for a benefit to become payable under this Policy, Cancer must be First Diagnosed in one of the following ways:

1. **Pathological Diagnosis**

A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.

2. **Clinical Diagnosis**

A clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the Covered Person's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the Covered Person for Cancer.

3. **Other Diagnosis**

We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, We accept a cytology report in lieu of a pathology report.

The Covered Person will be eligible for benefits under this Policy if all of the following conditions are met:

1. Cancer is First Diagnosed and treated after the Waiting Period;
2. Cancer is First Diagnosed and treated while insured under this Policy;
3. Loss due to First Diagnosed Cancer is incurred while insured under this Policy; and
4. Loss is the result of Cancer covered under this Policy.

If Cancer is First Diagnosed while the Covered Person is hospitalized, the Covered Person will be eligible for benefits retroactively to the date of being admitted to the Hospital, but not for more than thirty (30) days prior to the date of First Diagnosis.

If Cancer is not diagnosed until after death, We will consider the Covered Person to have been eligible for benefits beginning on the date of admission for a period of continuous hospitalization ending in the Covered Person's death, but not for more than thirty (30) days prior to the date of death.

CANCER POLICY BENEFIT PROVISIONS

After the Waiting Period, if any, has been satisfied and while this Policy is in force, We will pay Policy benefits, as shown below for a Covered Person First Diagnosed with Cancer. Policy benefits are subject to the corresponding indemnity benefit amounts shown in the Policy Benefits Schedule, definitions, limitations, exclusions, and other provisions of this Policy.

Please refer to the Policy Benefits Schedule for amounts and limits associated with each of the benefit provisions listed below.

HOSPITAL CONFINEMENT BENEFIT

We will pay the daily Hospital Confinement Benefit Amount, as shown on the Policy Benefits Schedule, for each day a Covered Person is confined as an inpatient in a Hospital as the direct result of Cancer. A "day" means a twenty-four (24) hour period. Separate confinements within thirty (30) days of each other for the same or related conditions are considered the same Period of Confinement.

For confinement in a U.S. Government Hospital for the treatment of Cancer: We will pay benefits, as shown above, while the Covered Person is confined in a U.S. Government Hospital for the treatment of Cancer.

Hospital Confinement Benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

CANCER POLICY BENEFIT PROVISIONS (Continued)

HOSPICE CARE BENEFIT

We will pay the Daily Hospice Benefit Amount, as shown on the Policy Benefits Schedule, while a Covered Person is receiving care provided by or through a Hospice, as the direct result of Cancer. The Covered Person must be diagnosed as Terminally Ill and no longer receiving Definitive Treatment for Cancer. The maximum benefit period for this benefit is six (6) months.

We will pay for each day a Covered Person:

1. Receives Hospice care at home;
2. Uses the services of a Hospital on an outpatient basis under the direction of a Hospice;
3. Visits or is confined to a Hospice for treatment or services.

We will not pay this benefit for any day the Covered Person is confined to a Hospital or a Skilled Nursing Facility, except when the Covered Person is confined to that section, unit or wing of such Hospital or Skilled Nursing Facility that is lawfully designated to provide inpatient Hospice care.

DIAGNOSTIC TESTING BENEFIT

We will pay the Diagnostic Testing Benefit Amount, as shown on the Policy Benefits Schedule, for any type of laboratory test, biopsy, x-ray and other imaging diagnostics, which are prescribed by a Doctor and result in a First Diagnosis of Cancer.

Payment of the Diagnostic Testing Benefit is limited to twice per Calendar Year for a Covered Person.

DRUGS AND MEDICINES BENEFIT

We will pay the Drugs and Medicines Benefit Amount, as shown on the Policy Benefits Schedule, for drugs and medicines administered to a Covered Person while confined as an inpatient in a Hospital as a direct result of Cancer. Such drugs and medicines, at the time of administration, must be approved by the U.S. Food and Drug Administration for the treatment of Cancer.

Benefits for drugs and medicines are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

ATTENDING DOCTOR BENEFIT

We will pay the Attending Doctor Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the services of an attending Doctor while confined as an inpatient in a Hospital as the direct result of Cancer. An attending Doctor is a Doctor, other than the surgeon, who provides services for the Covered Person while Hospital confined and charges a fee for the service. Benefits payable for such services are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

SCREENING BENEFIT

We will pay the Screening Benefit Amount, as shown on the Policy Benefits Schedule, for a Covered Person's Doctor Visit in which diagnostic testing is performed to screen for Cancer. Benefits payable for an outpatient Doctor visit under this provision are not subject to a First Diagnosis of Cancer. Benefit payment is limited to once per Calendar Year for a Covered Person.

PRIVATE NURSE BENEFIT

We will pay the Private Nurse Benefit Amount, as shown on the Policy Benefits Schedule, if a Covered Person uses the full-time services of a private Nurse while confined as an inpatient in a Hospital as the direct result of Cancer. Full-time services means at least eight (8) hours of attendance during any twenty-four (24) hour period. These services must be required and authorized by the Covered Person's Doctor for the treatment of Cancer. Nursing services must be those that are other than those regularly furnished by the Hospital.

Benefits payable for a private Nurse are limited to the number of days the Covered Person is confined as an inpatient in a Hospital.

AMBULANCE BENEFIT

We will pay the Ambulance Benefit Amount, as shown on the Policy Benefits Schedule, for ambulance transport to or from a Hospital when a Covered Person is confined as an inpatient as the direct result of Cancer.

The Ambulance Benefit is limited to four (4) trips per Calendar Year per Covered Person for ground ambulance transport and one (1) trip per Calendar Year per Covered Person for air ambulance transport.

CANCER POLICY BENEFIT PROVISIONS (Continued)

SKILLED NURSING FACILITY BENEFIT

We will pay the Skilled Nursing Facility Benefit Amount, as shown on the Policy Benefits Schedule, for confinement in a Skilled Nursing Facility as a direct result of Cancer. Such confinement must occur within fourteen (14) days after being discharged from a Hospital confinement which was as a direct result of Cancer.

Benefits payable for Skilled Nursing Facility confinement are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement which immediately preceded the Skilled Nursing Facility confinement. Skilled Nursing Facility benefits are not payable if the Covered Person is receiving Hospice care on an inpatient basis in that section, unit or wing of a Hospital lawfully designated to provide Hospice Care services. In such case, the Covered Person may be eligible for benefits under the Hospice Benefit provision.

TRANSPORTATION BENEFIT

We will pay the actual charges for coach fare by a Common Carrier for round trip transportation (air, rail, or bus) for a Covered Person and one adult companion, to a treatment facility that is located at least fifty (50) miles or more from the Covered Person's residence so that the Covered Person may receive treatment for Cancer.

Benefit payment is limited to the Transportation Benefit Amount, as shown on the Policy Benefits Schedule, per person, per round trip, up to twice in a Calendar Year. Transportation in a Private Vehicle will be paid at sixty cents (60¢) per mile. This benefit is only payable for treatments received within the United States. This benefit includes payment for travel related to a Doctor's office visit.

LODGING BENEFIT

We will pay the Lodging Benefit, as shown on the Policy Benefits Schedule, while a Covered Person is receiving treatment for Cancer at a Hospital or medical facility located at least fifty (50) miles or more from the Covered Person's residence. This benefit is payable for either a Covered Person or an adult companion traveling with them.

This benefit is payable only for the day(s) on which treatment is received. The Lodging Benefit is limited to one-hundred twenty (120) days per Covered Person per Calendar Year.

EXPERIMENTAL TREATMENT BENEFIT

We will pay the Experimental Treatment Benefit Amount, as shown on the Policy Benefits Schedule, for experimental treatment received in the United States for Cancer. Experimental treatment means:

1. Drugs or chemical substances approved by the U.S. Food and Drug Administration for experimental use in treatment of human Cancer; and
2. Surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

Included but not limited to in this definition are:

1. Chemotherapy or immunotherapy using experimental drugs or chemicals;
2. Hyperthermia;
3. Treatment with Interferon;
4. Atomic Particle Therapy.

We will not duplicate benefits for Experimental Treatment where such benefits may also be payable under any attached benefit rider(s). In such event, We will pay benefits for Experimental Treatment at the greater of the allowable benefit amounts.

ANNUAL CHECK-UP BENEFIT

We will pay the Annual Check-up Benefit Amount, as shown on the Policy Benefits Schedule, for an annual check-up with a Doctor after a positive diagnosis of internal Cancer.

Payment of the Annual Check-up Benefit is limited to five annual visits, per Covered Person, after a First Diagnosis of Cancer.

PREMIUM AND REINSTATEMENT PROVISIONS

PREMIUM

The first premium is due on the Effective Date. Each premium after the first is due on the last day of the term for which the most recent premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first premium is accepted by Us. If We accept a premium, this Policy will continue in force until the end of the term for which that premium was due.

The amount of the first premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each premium after the first is based on Your then current mode of payment and the premium then being charged for policies of this form number and premium classification issued in the same state.

GRACE PERIOD

You may pay premium up to thirty-one (31) days after it is due. The Policy remains in force during the grace period. If the premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that premium.

WAIVER OF PREMIUM

Premium payments will not be required if the Insured is:

1. Diagnosed as having Cancer after the Waiting Period and while covered under this Policy; and
2. Functionally Impaired due to Cancer for more than ninety (90) consecutive days. Functional Impairment must begin on or after the date of diagnosis.

This Waiver of Premium provision includes the waiving of premium for attached benefit riders, if any.

After it has been determined that the Insured is Functionally Impaired, premium payments will be waived for the period of Functional Impairment, except for premiums due during the first ninety (90) days of such period.

Proof of Functional Impairment from a Doctor must be sent to Us containing the following:

1. The date Cancer was First Diagnosed;
2. The date Functional Impairment, due to Cancer, began; and
3. The expected date, if any, such Functional Impairment will end.

Proof of continued Functional Impairment must be furnished at least once every six (6) months. We reserve the right to perform an independent assessment of the Insured's Functional Impairment while this benefit is in effect. Such assessment will be conducted at Our expense and will not be performed more frequently than once every six (6) months.

Periods of Functional Impairment: Once Functional Impairment due to Cancer ends for at least ninety (90) days, and the Insured is able to independently perform previously impaired activities of daily living, any future Functional Impairment will be considered a new Period of Functional Impairment. A new Period of Functional Impairment due to Cancer will require Functional Impairment for ninety (90) consecutive days in order for the Waiver of Premium to begin. New proof of Functional Impairment must also be provided.

End of Functional Impairment: We must be notified in writing as soon as Functional Impairment due to Cancer ends. We will assume Functional Impairment has ended if:

1. We do not receive proof of continued Functional Impairment at least once every six (6) months;
2. The Insured does not agree to have a physical examination performed; or
3. We receive notice that Functional Impairment has ended.

When the Insured is no longer Functionally Impaired due to Cancer, We will provide coverage until the end of the month for which premiums would be due. After that, premiums must be paid in order to keep this coverage and attached riders, if any, in force.

LAPSE AND REINSTATEMENT

If a premium is not paid before the grace period ends, this Policy will lapse. If We later accept the premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due premium.

If reinstated, the Policy will cover only Cancer First Diagnosed more than ten (10) days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

POLICY EXCLUSIONS

This policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the U.S. Food and Drug Administration for the treatment of Cancer;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of this policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person's Immediate Family.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given to Us within thirty (30) days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

CLAIM FORMS

When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within fifteen (15) days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

PROOF OF LOSS

You must give Us written proof satisfactory to Us within ninety (90) days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time. One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. A fully completed claim form;
2. A Pathologist's report; or
3. A Doctor's statement.

TIME OF PAYMENT OF CLAIM

After We receive satisfactory written proof of loss:

1. We will pay any benefits then due that are not payable periodically; and
2. We will pay at the end of each thirty (30) day period any benefits due that are payable periodically; subject to continuing proof of loss.

PAYMENT OF CLAIMS

Benefits will be paid to You. Any benefit unpaid at the time of Your death will be paid to Your estate. If benefits are payable to Your estate, We will pay up to one-thousand dollars (\$1,000) to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT

No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have a Covered Person examined as often as reasonably necessary while a claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

LEGAL ACTION

You cannot bring legal action within sixty (60) days from the date written proof of loss is given. You cannot bring it after three (3) years from the date written proof of loss is required.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

The entire contract of insurance consists of the Policy, the Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

DATE OF ISSUE

This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

MISSTATEMENT OF AGE

If any Covered Person's age or date of birth is misstated in the application, the benefits will be such, as the Premium paid would have purchased at the correct age. If based on the correct age, We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for three (3) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the three (3) year period.

CANCELLATION BY INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us, prior to its renewal date or expiration date. We shall refund to You, the pro-rata portion of such premiums paid for any period beyond the end of the Policy month in which the cancellation occurred. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of the cancellation.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

ANNUAL MEETING

The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

**GUARANTEE TRUST LIFE INSURANCE
COMPANY**

A Mutual Company

1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

**CANCER
BENEFIT POLICY**